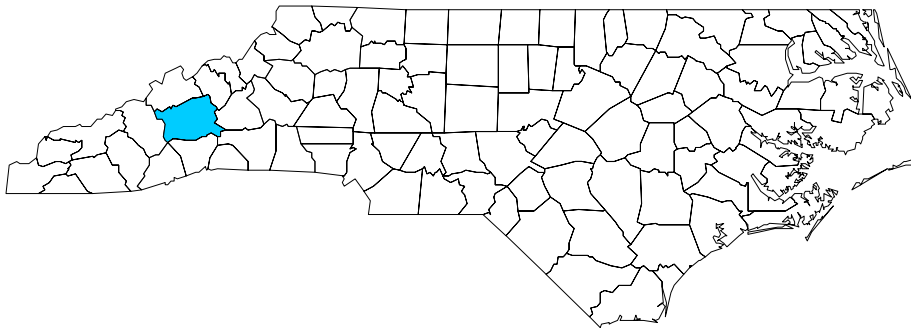




Aging Study of Buncombe County



April 1, 2008

North Carolina Department of Health and Human Services
Division of Aging and Adult Services



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Legislative Request

Section 1 of S.L. 2007-355 directed the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), to work with the Division of Health Service Regulation; Division of Medical Assistance; Division of Public Health; and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to study programs and services for older adults in Brunswick, Buncombe, Gaston, Henderson, Moore, and New Hanover counties. These counties currently have, or are projected to have by 2030, the largest numbers of individuals age 60 and older when compared to individuals age 17 and younger. In conducting the study, the Division was directed to utilize existing data and resources and to include the Area Agencies on Aging serving each county studied. For each of the six counties, the Division was to include:

1. A profile of the current older adult population.
2. A profile of the projected growth for the older adult population.
3. An assessment of the anticipated impact on programs and services that address the needs of the older adult population.
4. Identification of programs and services that are currently in place.
5. Identification of programs and services that are needed to meet the growth projections.
6. Current funding sources for programs and services serving the older adult population.
7. Anticipated funding needs for programs and services serving the older adult population.
8. A delineation of the programs and services that are shared or offered jointly with another county.

The General Assembly further directed DAAS to make an interim report on the study to the North Carolina Study Commission on Aging on or before November 1, 2007, which was done. A final report of the findings and recommendations is due on or before April 1, 2008, to the 2008 Regular Session of the 2007 General Assembly, the NC Study Commission on Aging, and to the Board of County Commissioners of each county studied.

In addition, S.L. 2007-355 directed DAAS to offer recommendations for a comprehensive, statewide study after examining what other states have done. DAAS submitted its report on this to the General Assembly in January and presented recommendations to the Study Commission on Aging at its first meeting in 2008. This report of recommendations for a statewide study is available on the DAAS website at <http://www.ncdhhs.gov/aging/demographic/agingstudy.htm>.

Approach

In undertaking this study, the Division of Aging and Adult Services (DAAS) followed the instructions given by the General Assembly in profiling each of the six counties. North Carolina's older population is not only increasing but is truly diverse. To reflect the diversity of North Carolina's communities and the needs of its older adults, the livable and senior-friendly concept was utilized to frame a number of tables and charts in this study. The livable and senior-friendly community initiative provides a very practical, tested framework to enable places in North Carolina, regardless of their size, to respond to the changing and unique needs, and wants and assets of their older population as well as to accommodate residents of all ages.

The profile of the current older adult population and their projected growth was pulled from existing data that DAAS regularly maintains for the purposes of local, regional and state planning. DAAS has produced charts and tables showing population growth, including projections between 2000 and 2030 utilizing current U.S. Census information. In addition, DAAS consulted with Dr. Jim Mitchell and Dr. Don Bradley of East Carolina University to examine the demographic changes in coastal counties and communities, and in particular, what is known about the dynamics of aging migration and its effect on attempting to meet the needs and interests of both aged immigrants and "natives." North Carolina has a number of experts in Gerontology whose contribution to the larger study envisioned by the General Assembly in Section 2 of S.L. 2007-355 (S.B. 448) would be invaluable.

In order to identify programs currently available, funding sources, as well as, projected future needs, DAAS used several existing resources to begin framing part of the profile, including the (1) *County Aging Profiles*- <http://www.ncdhhs.gov/aging/cprofile/cprofile.htm>; (2) *County Data Packages*- <http://www.ncdhhs.gov/aging/expenddata.htm>; and (3) *Inventory of State Resources for Older Adults*- http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf.

DAAS worked closely with each Area Agency on Aging (AAA) serving the six study counties to assess priority concerns. The AAAs used assessment tools that are part of the *2008-2012 Area Plans on Aging*. AAAs also identified local surveys and plans that have been completed and are relevant to assessing available and needed programs and services. In addition, DAAS requested relevant information and views from all appropriate DHHS divisions (i.e., Division of Medical Assistance; Division of Public Health; Division of Social Services; Division of Health Service Regulation; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Vocational Rehabilitation; Division of Services for the Blind; Division of Deaf and Hard of Hearing; etc.) about the availability and adequacy of programs and services for each county being studied. These agencies also provided information on special initiatives relative to these counties.

Executive Summary

Buncombe County already exceeds the statewide proportion of the population who are 60+ and this will continue beyond 2030. The county will experience a 73.2% increase in the older adult population 60 and above between 2006 and 2030. Of those residents who are blind or visually impaired, 69% are over age 55. The top two leading causes of deaths for those 65+ are cancer and heart disease.

Buncombe County has a wide variety of home and community-based services being offered for helping vulnerable seniors remain in the community. The county has a range of Evidenced-Based Health Programs available as well as other critical indicators for Safety and Security, and Access and Choice in Services and Supports. Assessments on livable and senior-friendliness components indicate a high priority of concerns on air and water quality, housing/utilities, transportation, dental, and preventative care among others.

The Division of Health Service Regulation determined in the 2008 State Medical Facilities Plan that there was no need for additional adult care home beds, nursing home beds, Medicare-certified home health agencies, hospice home care agencies, or inpatient hospice beds. The county is utilizing their CAP/DA slots but still have 144 people on a waiting list.

It is critical that counties evaluate their readiness for this growing population by evaluating current needs and services as well as future needs. Buncombe County has an active Livable and Aging-Friendly Community Planning Task Force which started in Spring 2007. They have gathered input at ten community meetings and surveyed over 250 people. The Planning Task Force has developed objectives and recommendations on how to build the capacity of Buncombe County to better serve its growing older adult population and presented them to the Buncombe County Aging Coordinating Consortium in December 2007.

Demographics and Projected Growth

The State of North Carolina is on the verge of a dramatic demographic transformation due largely to the anticipated aging of the baby boomers (those born between 1946 and 1964). Today, the proportion of the state's population who are seniors, ages 65 and older, is roughly 12 percent. By 2030, when the youngest baby boomers are retirement age, the proportion should reach 17.7 percent or 2.1 million older North Carolinians including the surviving boomers who will be between ages 66 and 84.

The populations 2005 estimate for residents 60 and older in Buncombe County is 43,824. This is expected to grow to 78,806 between 2005 and 2030, a 79.8% increase, a somewhat less than the state figure (97.4%).

Figures and tables in this section:

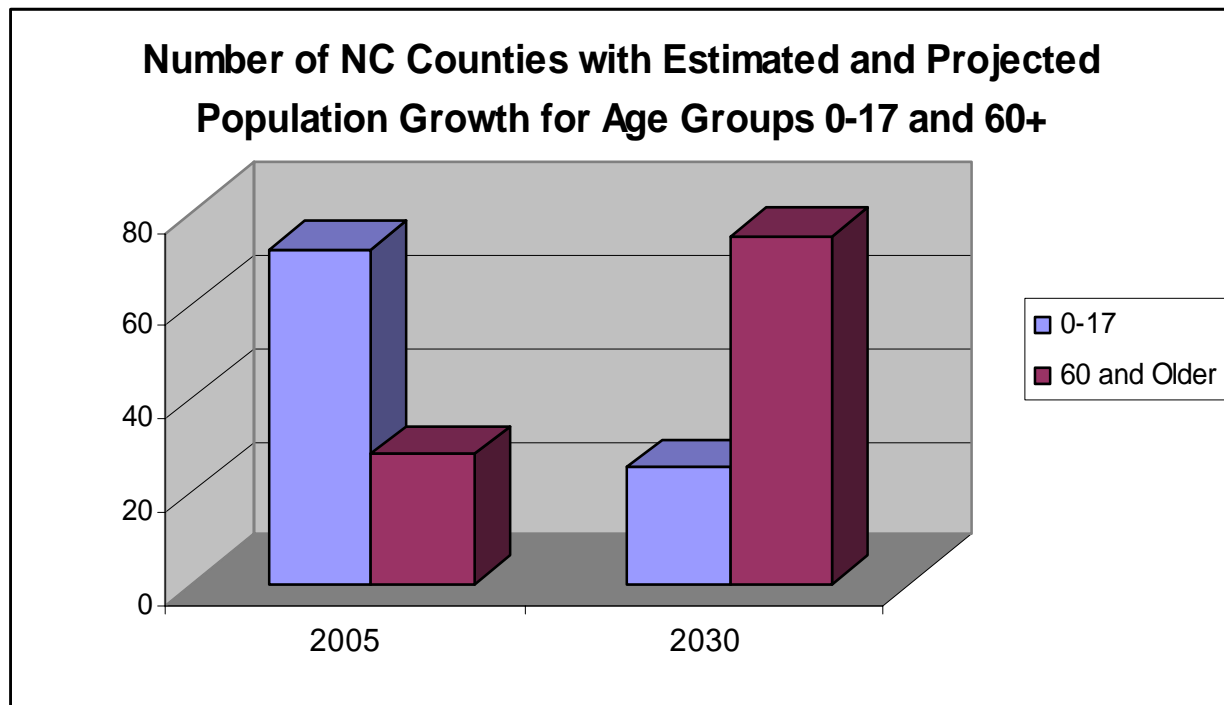
1. Comparison of Estimated and Projected Population Growth (Groups 0-17 and 60+) Between 2005-2030
2. Number of NC Counties with Estimated and Projected Population Growth for Age Groups 0-17 and 60+
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Comparison of Estimated and Projected Population Growth for Age Groups 0-17 and 60+ Between 2005-2030

Counties in Bold are those where the population 60+ is greater than 0-17

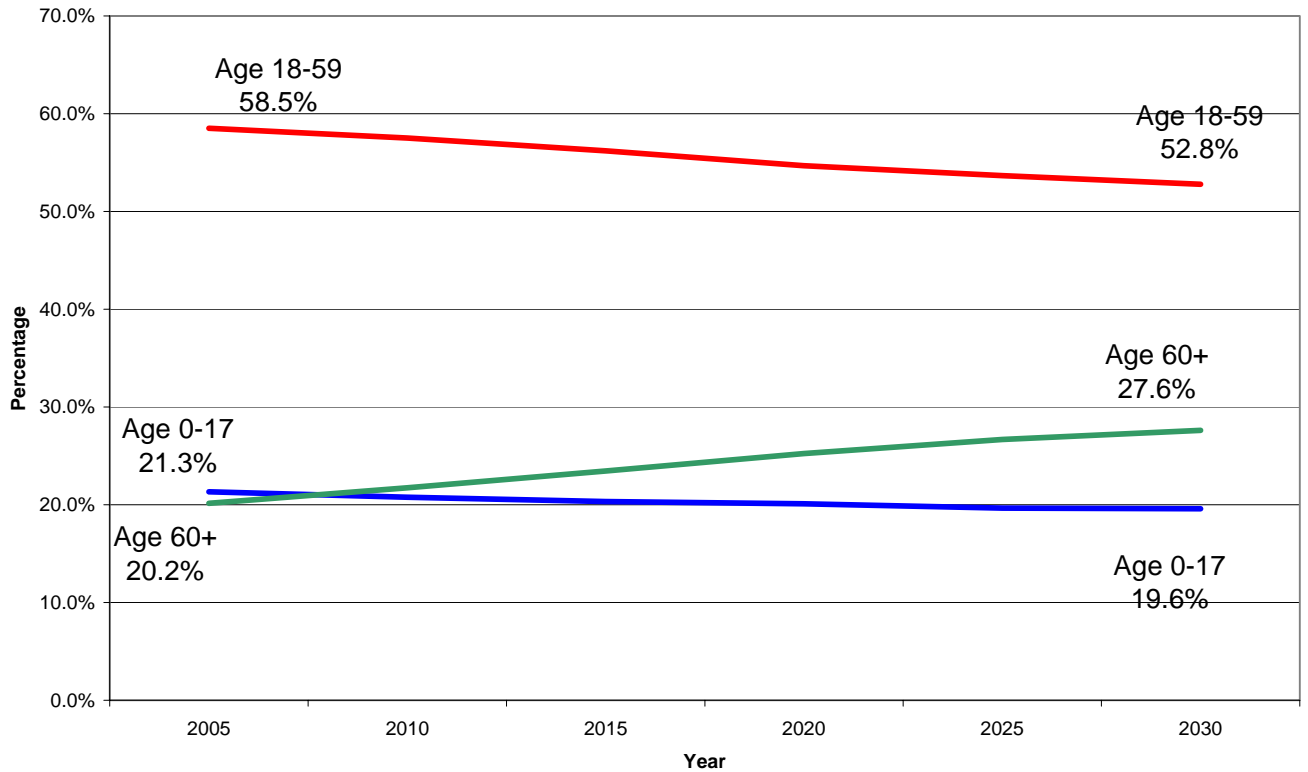
| 2005 | | | 2030 | | |
|------------------|-----------|-----------|-----------------------|-----------|-----------|
| County/State | 0-17 | 60+ | County/State | 0-17 | 60+ |
| Brunswick | 17,729 | 22,239 | Brunswick | 26,998 | 47,864 |
| Buncombe | 46,360 | 43,824 | Buncombe | 55,919 | 78,806 |
| Gaston | 45,837 | 33,681 | Gaston | 45,279 | 56,125 |
| Henderson | 20,068 | 26,581 | Henderson | 29,485 | 46,035 |
| Moore | 16,600 | 22,046 | Moore | 22,297 | 37,880 |
| New Hanover | 36,429 | 31,859 | New Hanover | 46,701 | 68,883 |
| North Carolina | 2,091,889 | 1,424,450 | North Carolina | 2,760,896 | 2,811,519 |

Data retrieved from North Carolina State Data Center Website on 06/14/2006



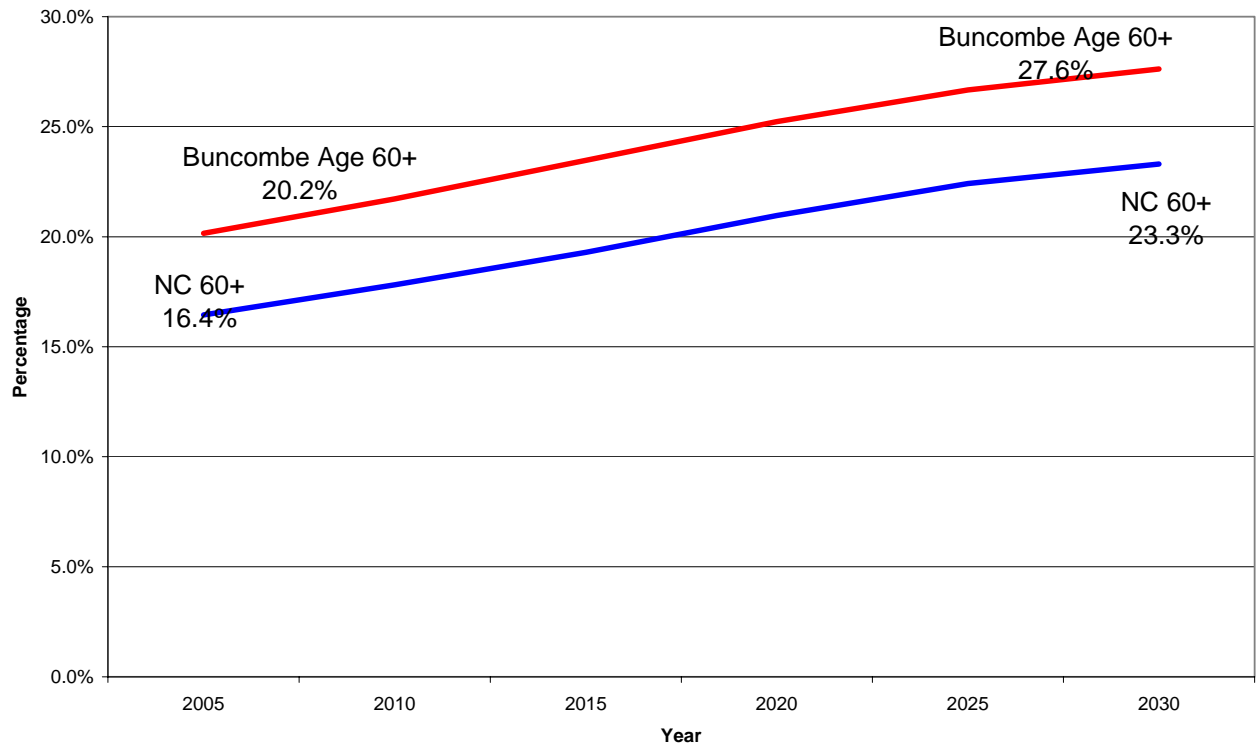
Data retrieved from North Carolina State Data Center Website on 6/14/2006

Buncombe County Projections



Today in Buncombe County the number of age group 0 to 17, slightly exceeds adults age 60 and older (60+) by 1%. It is projected that in 2030, 28% of the county will be 60 and older. The number and proportion of adults age 60 and older (60+) in the county will see a steady growth from now until 2030.

Buncombe County and State Population Projections 60+



Buncombe County already exceeds the North Carolina proportion of its population who are 60+. This will continue to the year 2030.

2008 County Profiles of Persons Age 60 and Older

| COUNTY | 60+* | 60+ Poor* | 60+ Minority* | 60+ Rural* | 60+ Poor Minority* | 60+ Native Americans** | 60+ Severe Disabilities*** | 70+* |
|-------------|------------------|----------------|----------------|----------------|--------------------|------------------------|----------------------------|----------------|
| BRUNSWICK | 25,194 | 2,145 | 2,178 | 16,734 | 185 | 53 | 2,147 | 11,363 |
| BUNCOMBE | 46,022 | 4,634 | 2,825 | 13,436 | 284 | 56 | 5,033 | 24,159 |
| GASTON | 35,821 | 4,045 | 3,805 | 7,955 | 430 | 47 | 3,849 | 17,846 |
| HENDERSON | 27,969 | 2,280 | 662 | 13,103 | 54 | 19 | 2,763 | 15,631 |
| MOORE | 23,280 | 2,239 | 2,264 | 13,736 | 218 | 52 | 2,606 | 13,136 |
| NEW HANOVER | 35,436 | 3,136 | 4,683 | 1,602 | 414 | 49 | 3,562 | 17,296 |
| N.C. | 1,517,309 | 188,193 | 271,249 | 660,337 | 37,671 | 9,559 | 170,879 | 752,782 |

2008 County Profiles of Percentage of Persons Age 60 and Older

| COUNTY | % of 60+ Poor* | % of 60+ Minority* | % of 60+ Rural* | % of 60+ Poor Minority* | % 60+ Native Americans** | % of 60+ Severe Disabilities*** | % of 60+, who are 70+ |
|-------------|----------------|--------------------|-----------------|-------------------------|--------------------------|---------------------------------|-----------------------|
| BRUNSWICK | 8.5 | 8.6 | 66.4 | 0.7 | 0.2 | 8.5 | 45.1 |
| BUNCOMBE | 10.1 | 6.1 | 29.2 | 0.6 | 0.1 | 10.9 | 52.5 |
| GASTON | 11.3 | 10.6 | 22.2 | 1.2 | 0.1 | 10.7 | 49.8 |
| HENDERSON | 8.2 | 2.4 | 46.8 | 0.2 | 0.1 | 9.9 | 55.9 |
| MOORE | 9.6 | 9.7 | 59.0 | 0.9 | 0.2 | 11.2 | 56.4 |
| NEW HANOVER | 8.8 | 13.2 | 4.5 | 1.2 | 0.1 | 10.1 | 48.8 |
| N.C. | 12.4 | 17.9 | 43.5 | 1.2 | 0.6 | 11.3 | 49.6 |

Sources: *NC Division of Aging and Adult Services (2007) SFY 07-08 Funding Formula Factors

** 2000 Census Summary File 1 PCT12C

*** Estimated from information on 60+ above and 2000 Census Summary File 3P41; Adults age 65 and older with self-care disability

In Buncombe County there is a lower percentage of older adults who are poor, minority, and live in rural areas as compared to the state as a whole. The percentage of people 70+ in Buncombe County slightly exceeds the state proportion.

Projected Increase in Population Age 60 and Older (2008-2012)

| County | 2008 | Population Increase | | | | | | | | 2012 |
|-----------------------|------------------|---------------------|--------------|----------------|--------------|----------------|--------------|----------------|---------------|------------------|
| | 60+ Pop | 2008 - 2009 | | 2008 - 2010 | | 2008 - 2011 | | 2008 - 2012 | | 60+ |
| | (Base Year) | # | % | # | % | # | % | # | % | Population |
| Brunswick | 28,540 | 1,621 | 5.7% | 2,922 | 10.2% | 3,927 | 13.8% | 5,173 | 18.1% | 33,713 |
| Buncombe | 48,324 | 1,412 | 2.9% | 2,769 | 5.7% | 4,058 | 8.4% | 5,607 | 11.6% | 53,931 |
| Gaston | 37,751 | 1,016 | 2.7% | 2,022 | 5.4% | 2,950 | 7.8% | 3,998 | 10.6% | 41,749 |
| Henderson | 29,193 | 820 | 2.8% | 1,614 | 5.5% | 2,250 | 7.7% | 2,987 | 10.2% | 32,180 |
| Moore | 24,176 | 630 | 2.6% | 1,211 | 5.0% | 1,687 | 7.0% | 2,264 | 9.4% | 26,440 |
| New Hanover | 36,937 | 1,666 | 4.5% | 3,042 | 8.2% | 4,419 | 12.0% | 5,967 | 16.2% | 42,904 |
| North Carolina | 1,583,636 | 50,576 | 2.81% | 100,684 | 5.57% | 147,881 | 8.15% | 202,069 | 11.13% | 1,785,705 |

SOURCE: NC State Data Center

By year 2012, Buncombe County's population age 60 and older (60+) will increase by 11.6%. The growth rate is very similar to that of North Carolina as a whole.

Buncombe County Profile

The Buncombe County profile gives a snapshot of the demographics and livable and senior-friendly components. The projected growth of the older adults 65+ for the county is less than the state growth and 59% of older adults 65+ have no disabilities.

Demographics of Aging

| | <u>County</u> | <u>NC</u> |
|---|---------------|------------|
| Total population, 2006 ⁱ | 221,320 | 8,860,341 |
| Projected total population, 2020 ⁱⁱ | 262,838 | 10,850,228 |
| Population age 60+, 2006 ⁱⁱⁱ | 44,992 | 1,469,689 |
| Population age 85+, 2006 | 4,769 | 132,412 |
| Baby boomers (as % of total population), 2006 | 31.7% | 29.7% |
| Rural population for all ages (as % of total population), 2000 ^{iv} | 29.2% | 39.8% |
| Persons age 65+ without HS diploma (as % of age group), 2000 ^v | 31.4% | 41.6% |
| Persons age 45-64 without HS diploma (as % of total population), 2000 ^v | 15.5% | 19.9% |
| Persons age 65+ with graduate school education (as % of total population), 2000 | 8.6% | 5.5% |
| Persons age 45-64 with graduate school education (as % of total population), 2000 | 11.5% | 8.8% |
| Persons age 65+ with limited or no English (as % of total population), 2000 ^{vi} | 0.5% | 0.5% |
| Grandparents raising grandchildren age less than 18, 2000 ^{vii} | 1,665 | 79,810 |
| Veterans age 65+ (as % of age group), 2000 ^{viii} | 29.6% | 26.8% |

| | <u>0-17(%)</u> | | <u>18-49(%)</u> | | <u>50-64(%)</u> | | <u>65-84(%)</u> | | <u>85+(%)</u> | |
|--|----------------|-----------|-----------------|-----------|-----------------|-----------|-----------------|-----------|---------------|-----------|
| Distribution by Age ^{i,ii} | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> |
| Age groups, 2006 | 21.3 | 24.2 | 44.1 | 46.4 | 19.6 | 17.4 | 12.9 | 10.5 | 2.2 | 1.5 |
| Projection for 2030 | 20.0 | 23.2 | 40.0 | 42.0 | 18.7 | 17.2 | 18.6 | 15.5 | 2.9 | 2.1 |
| Growth, 2006-2030 | 23.0 | 32.5 | 18.7 | 25.2 | 24.7 | 37.4 | 88.6 | 105.1 | 73.7 | 96.1 |

| Distribution by Race/ Hispanic Origin ^{ix} | <u>White(%)</u> | | <u>African American(%)</u> | | <u>Native American(%)</u> | | <u>Asian(%)</u> | | <u>Hispanic/ Latino(%)</u> | |
|--|-----------------|-----------|--------------------------------|-----------|-------------------------------|-----------|-----------------|-----------|--------------------------------|-----------|
| | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> |
| Population age 60+ (as % of age group), 2000 | 93.5 | 82.0 | 5.6 | 16.0 | 0.1 | 0.7 | 0.3 | 0.5 | 0.5 | 0.7 |
| Population age 45-59 (as % of age group), 2000 | 91.3 | 77.2 | 6.6 | 18.9 | 0.3 | 1.1 | 0.6 | 1.2 | 1.1 | 1.7 |

Healthy Aging

| Health Professionals Shortage Areas ^x | <u>County</u> | <u>NC</u> |
|---|---------------|-----------|
| County designated as Primary Medical Care Shortage Area as of September, 2006 | | No |
| County designated as Dental Care Shortage Area as of September, 2006 | | No |
| Persons age 65+ in community with 0 disabilities* (as % of age group), 2000 ^{xi} | 58.5% | 54.3% |
| Persons age 65+ in community with 1 disability* (as % of age group), 2000 | 19.1% | 20.6% |
| Persons age 65+ in community with 2 or more disabilities* (as % of age group), 2000 | 22.4% | 25.1% |

* The US Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering."

| | <u>County</u> | <u>NC</u> |
|--|---------------|-----------|
| Medicare beneficiaries immunized for influenza, 2000 ^{xii} | 52.1% | 43.5% |
| Persons age 65+ living alone (as % of age group), 2000 ^{xiii} | 28.7% | 28.3% |

Long-term Care and Aging

| | <u>County</u> | <u>NC</u> |
|---|---------------|-----------|
| Men age 65+ in nursing homes, 2000 ^{xiv} | 351 | 11,207 |
| Women age 65+ in nursing homes, 2000 | 1,252 | 33,630 |
| Persons age 65+ in nursing homes per 1000, 1999 ^{xv} | 51.7 | 42.2 |
| Persons age 65+ in adult care homes per 1000, 1999 | 42.0 | 36.5 |
| CAP/DA* clients age 18+ per 1000 Medicaid eligibles, 1999 | 23.9 | 36.0 |
| PCS** clients age 18+ per 1000 Medicaid eligibles, 1999 | 17.8 | 57.7 |
| Adult day care/health clients age 60+ served per 1000, 1999 | 1.3 | 1.0 |
| In-home aides clients, age 60+ per 1000, 1999 | 5.5 | 9.9 |

*Medicaid Community Alternatives Program for Disabled Adults **Medicaid Personal Care Services

| | | |
|--|--------------|-----------------|
| Medicaid-eligible persons age 65+, SFY 2007 ^{xvi} | 4,856 | 180,092 |
| Total Medicaid expenditures for persons age 65+, SFY 2007 | \$40,759,968 | \$1,418,991,691 |
| Per Capita Medicaid expenditures for persons age 65+, SFY 2007 | \$8,394 | \$7,879 |
| The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health, and PCS) for every \$100 spent in Nursing homes for clients age 60+, SFY 2006 ^{xvii} | \$24.5 | \$46.9 |
| Special Assistance (SA) expenditures for persons age 60+ in adult care homes, SFY 2006 | \$1,449,328 | \$70,999,119 |
| Number of clients 60+ receiving SA in adult care homes, SFY 2006 | 398 | 18,056 |
| Per Capita SA expenditures for 60+ in adult care homes, SFY 2006 | \$3,642 | \$3,932 |

Economic Security

County in Asheville, NC, Metropolitan Statistical Area ^{xviii}

| | <u>County</u> | <u>NC</u> |
|--|---------------|-----------|
| Median household income for age group 55-64, 1999 ^{xix} | \$40,654 | \$42,250 |
| Median household income for age group 65-74, 1999 ^{xix} | \$29,940 | \$28,521 |
| Median household income for age group 75+, 1999 | \$22,268 | \$19,303 |

| | <u>Age 55-64</u> (%) | | <u>Age 65-74</u> (%) | | <u>Age 75+</u> (%) | |
|---|-------------------------|-----------|-------------------------|-----------|-----------------------|-----------|
| | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> |
| Persons below poverty (as % of age group), 1999 ^{xx} | 9.0 | 9.5 | 9.0 | 10.5 | 11.5 | 16.9 |
| Persons in 100-199% of poverty (as % of age group), 1999 | 12.4 | 12.9 | 12.4 | 20.4 | 25.4 | 27.1 |

| | <u>County</u> | <u>NC</u> |
|--|----------------|-----------------|
| Total Social Security (SS) benefits for beneficiaries age 65+, 2006 ^{xxi} | \$32.2 million | \$1,031 million |
| SS beneficiaries age 65+ (as % of age group), 2006 ^{xxii} | 96.5% | 97.0% |
| Average monthly SS amount received by beneficiaries age 65+, 2006 ^{xxi, xxii} | \$1,002 | \$1,003 |

| | <u>County</u> | <u>NC</u> |
|--|---------------|-----------|
| Medicare Part A enrollees age 65+ (as % of all enrollees), 2000 ^{xxiii} | 80.0% | 77.0% |
| Medicare/Medicaid dually eligible persons age 65+, 2001 ^{xxiv} | 3,723 | 140,535 |
| Persons age 45-59 in labor force* (as % of total labor force), 2000 ^{xxv} | 30.3% | 27.7% |
| Persons age 60-64 in labor force* (as % of total labor force), 2000 | 3.7% | 3.6% |
| Persons age 65+ in labor force* (as % of total labor force), 2000 | 3.7% | 3.5% |
| Persons age 65+ In labor force* (as % of age group), 2000 | 12.4% | 14.4% |
| Unemployed persons age 65+ (as % of population age 65+ in labor Force*), 2000 | 4.7% | 8.3% |

*Include both employed and job seekers

Senior-Friendly Communities

| | |
|---|---|
| County in Asheville Ozone Forecast Region ^{xxvi} | |
| Number of Code Orange (unhealthy for sensitive groups) days in 2006 | 0 |
| Number of Code Red (Unhealthy for All) days in 2006 | 0 |

| | <u>County</u> | <u>NC</u> |
|---|---------------|--------------|
| Homeowners age 45-64 (as % of age group), 2000 ^{xxvii} | 79.4% | 80.3% |
| Homeowners age 65+ (as % of age group), 2000 | 82.5% | 82.0% |
| Households with persons age 60+ and without complete plumbing, 2000 ^{xxviii} | 213 | 8,184 |
| Home-delivered meals served to persons age 60+ per 1000, 1999 | 14.8 | 18.6 |
| Food Stamp clients age 60+, SFY 2006 ^{xxix} | 2,217 | 92,078 |
| Total Food Stamp expenditures for clients age 60+, SFY 2006 ^{xxix} | \$1,745,508 | \$63,572,835 |
| Monthly Food Stamp expenditure per client age 60+, SFY 2006 | \$66 | \$58 |
| Householder age 55-64 without car (as % of age group), 2000 ^{xxx} | 6.1% | 6.0% |
| Householder age 65-74 without car (as % of age group), 2000 ^{xxx} | 7.9% | 9.0% |
| Householder age 75+ without car (as % of age group), 2000 | 22.1% | 21.3% |

| | <u>Age 18-44</u> (%) | | <u>Age 45-64</u> (%) | | <u>Age 65+</u> (%) | |
|--|-------------------------|-----------|-------------------------|-----------|-----------------------|-----------|
| | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> | <u>County</u> | <u>NC</u> |
| Persons providing regular care for adults age 60+ (as % of age group), 2006* ^{xxxi} | 11.1 | 9.3 | 15.7 | 19.0 | 13.0 | 18.0 |

Demographics of Older Adults Who Have Vision Loss in Buncombe County
According to the Register for the Blind: 537 individuals of all ages

| Gender | Visually Impaired | Visually Impaired | Blind | Blind | Unknown Age | Totals |
|---------------|--------------------------|--------------------------|--------------|--------------|--------------------|---------------|
| | 55-65 | 65 + | 55-64 | 65 + | | |
| Male | 3 | 26 | 28 | 78 | 1 | 136 |
| Female | 12 | 47 | 28 | 146 | 0 | 233 |
| Total | 15 | 73 | 56 | 224 | 1 | 369 |

Source: Division of Services for the Blind, December 2007

The State of North Carolina established a system of reporting blindness to the Department of Health and Human Services in accordance with General Statutes. The Register for the Blind describes the conditions and causes of blindness and related information. Of those residents who are blind or visually impaired in Buncombe County, 68.5% are over the age 55. This does not include the one individual with unknown age.

**2002-2006 Ten Leading Causes of Death For Older Adults ages 65 & Over By County of Residence and Age Group
Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population**

| Buncombe County | | | # OF DEATHS | DEATH RATE | North Carolina | | | # OF DEATHS | DEATH RATE |
|------------------------|-------------|---|--------------------|-------------------|-----------------------|---|---------|--------------------|-------------------|
| AGE GROUP: | RANK | CAUSE OF DEATH: | | | RANK | CAUSE OF DEATH: | | | |
| 65-84 YEARS | 1 | Cancer - All Sites | 1,426 | 1020.7 | 1 | Cancer - All Sites | 45,328 | 1009.3 | |
| | 2 | Diseases of the heart | 1,156 | 827.4 | 2 | Diseases of the heart | 42,408 | 944.3 | |
| | 3 | Chronic lower respiratory diseases | 476 | 340.7 | 3 | Chronic lower respiratory diseases | 12,540 | 279.2 | |
| | 4 | Cerebrovascular disease | 301 | 215.4 | 4 | Cerebrovascular disease | 11,799 | 262.7 | |
| | 5 | Alzheimer's disease | 168 | 120.2 | 5 | Diabetes mellitus | 6,011 | 133.8 | |
| | 6 | Pneumonia & influenza | 114 | 81.6 | 6 | Alzheimer's disease | 4,581 | 102.1 | |
| | 7 | Diabetes mellitus | 111 | 79.4 | 7 | Nephritis, nephrotic syndrome, & nephrosis | 3,865 | 86.1 | |
| | 8 | Nephritis, nephrotic syndrome, & nephrosis | 110 | 78.7 | 8 | Pneumonia & influenza | 3,780 | 84.2 | |
| | 9 | Other Unintentional injuries | 77 | 55.1 | 9 | Septicemia | 3,002 | 66.8 | |
| | 10 | Parkinson's disease | 75 | 53.7 | 10 | Other Unintentional injuries | 2,796 | 62.3 | |
| | | TOTAL DEATHS --- ALL CAUSES | 4,948 | 3541.6 | | TOTAL DEATHS --- ALL CAUSES | 168,613 | 3754.5 | |
| 85+ YEARS | 1 | Diseases of the heart | 1,006 | 4521.3 | 1 | Diseases of the heart | 27,670 | 4494.3 | |
| | 2 | Cancer - All Sites | 347 | 1559.6 | 2 | Cancer - All Sites | 10,132 | 1645.7 | |
| | 3 | Cerebrovascular disease | 309 | 1388.8 | 3 | Cerebrovascular disease | 9,322 | 1514.1 | |
| | 4 | Alzheimer's disease | 253 | 1137.1 | 4 | Alzheimer's disease | 6,263 | 1017.3 | |
| | 5 | Pneumonia & influenza | 158 | 710.1 | 5 | Pneumonia & influenza | 4,145 | 673.2 | |
| | 6 | Chronic lower respiratory diseases | 123 | 552.8 | 6 | Chronic lower respiratory diseases | 3,788 | 615.3 | |
| | 7 | Nephritis, nephrotic syndrome, & nephrosis | 85 | 382 | 7 | Nephritis, nephrotic syndrome, & nephrosis | 2,132 | 346.3 | |
| | 8 | Other Unintentional injuries | 80 | 359.6 | 8 | Diabetes mellitus | 1,998 | 324.5 | |
| | 9 | Pneumonitis due to solids & liquids | 54 | 242.7 | 9 | Other Unintentional injuries | 1,967 | 319.5 | |
| | 10 | Septicemia | 46 | 206.7 | 10 | Pneumonitis due to solids & liquids | 1,600 | 259.9 | |
| | | TOTAL DEATHS --- ALL CAUSES | 3,289 | 14782 | | TOTAL DEATHS --- ALL CAUSES | 91,161 | 14806.7 | |

TECHNICAL NOTE: RATES BASED ON SMALL NUMBERS (FEWER THAN 20 CASES) ARE UNSTABLE AND SHOULD BE INTERPRETED WITH CAUTION
 North Carolina County Health Data Book – 2008
 Division of Public Health
 State Center for Health Statistics

The top four causes of death for the age group 65-84 and top seven for those 85+ are the same for Buncombe County and the state. It is noteworthy that deaths associated with pneumonia and influenza among those 65-84 rank higher for Buncombe residents than the state.

Current Programs and Expenditures

North Carolina has many programs and services available to older adults throughout the state. Federal, state, and local dollars are used to support a wide continuum of services and supports to meet the various needs of older adults in any given community. The array of services is administered by many divisions and agencies. This complex service delivery system can create a wide variation in the availability of services in each county. Some programs and services may be available, some may not exist, and others may have waiting lists. This section provides information on the current programs offered in Buncombe County, the funding sources, eligibility, number of clients served, and if the program is shared or jointly offered with another county. In order to better understand all types of services impacting older adults, DAAS has made available an *Inventory of State Resources for Older Adults* which is an extensive compilation of services and programs administered for older North Carolinians by agencies within state government, and especially among the divisions and offices of the Department of Health and Human Services. The document can be found at http://www.ncdhhs.gov/aging/stplan/NC_Aging_Services_Plan_2007.pdf

Figures and tables in this section:

1. Core Indicators for a Livable and Senior-Friendly Community
2. Core Indicators for a Livable and Senior-Friendly Community Descriptions
3. The Maturing of America-Buncombe County Survey Response
4. Buncombe County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix
5. Inventory of Home and Community Care Block Grant Providers/Services
6. Buncombe County Waiting List of Clients by Service
7. Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)
8. Guardianship Program (State Fiscal Years 2005, 2006, 2007)
9. Inventory of Adult Care Home Beds
10. Inventory of Nursing Home and Hospital Nursing Care Beds
11. Inventory of Hospice Residential Beds
12. Community Alternatives Program for Disabled Adults (CAP/DA)
13. Local Management Entity (LME)

Core Indicators for a Livable and Senior-Friendly Community

| | Brunswick | Buncombe | Gaston | Henderson | Moore | New Hanover |
|---|-----------|----------|--------|-----------|-------|-------------|
| Physical and Accessible Environment | | | | | | |
| <i>Walkability Audits</i> | | | | | | |
| Healthy Aging | | | | | | |
| <i>Chronic Care Program</i> | | | | | | |
| <i>EBHP- Chronic Disease Self Management</i> | | | | | | |
| <i>EBHP- Arthritis Foundation Exercise Program</i> | | | | | | |
| <i>EBHP- Arthritis Foundation Aquatic Program</i> | | | | | | |
| <i>Food and Nutrition Services Utilization</i> | | | | | | |
| <i>Mobile Dentistry</i> | | | | | | |
| <i>PACE</i> | | | | | | |
| <i>Vaccination Rates- Influenza</i> | | | | | | |
| <i>Vaccination Rates- Pneumonia</i> | | | | | | |
| Economic Security | | | | | | |
| <i>Benefits Navigator</i> | | | | | | |
| Technology | | | | | | |
| <i>Assistive Technology Instructors</i> | | | | | | |
| Safety and Security | | | | | | |
| <i>S.A.F.E. in Long Term Care</i> | | | | | | |
| <i>Special Medical Needs Registry</i> | | | | | | |
| <i>Victims Assistance Program</i> | | | | | | |
| Social and Cultural | | | | | | |
| <i>Senior Tar Heel Legislature</i> | | | | | | |
| Access/Choice in Services and Supports | | | | | | |
| <i>Aging and Disability Resource Connections</i> | | | | | | |
| <i>Adult Day Services</i> | | | | | | |
| <i>Emphasis on Medicaid Home and Community Care</i> | | | | | | |
| <i>Interagency Case Staffing</i> | | | | | | |
| <i>Multipurpose Senior Center</i> | | | | | | |
| <i>NC NOVA</i> | | | | | | |
| <i>Project C.A.R.E.</i> | | | | | | |
| <i>Special Assistance In-Home</i> | | | | | | |
| Public Accountability and Responsiveness | | | | | | |
| <i>Adult Care Home Quality Improvement Program</i> | | | | | | |
| <i>Aging Leadership Planning Teams</i> | | | | | | |

The Core Indicators give a snapshot of the components of some of the activities, programs, and services that support a livable and senior-friendly community. Buncombe County shows a deficit in 10 of the 26 elements listed as core indicators. Still, Buncombe had the second most indicated assets among the six counties, only exceeded by Henderson. Its strength appears to be in Evidenced-based Health Promotion activities, Safety and Security, and Public Accountability and Responsiveness. The Food and Nutrition Services utilization rate for the county is 27.46% which is below the state (30.41%). A list of indicator descriptions and explanation of the shading criteria are described below.

Core Indicators for a Livable and Senior-Friendly Community: Descriptions

Physical and Accessible Environment

Walkability Audits: A walkability audit broadly assesses pedestrian facilities, destinations, and surroundings along and near a walking route and identifies specific improvements that would make the route more attractive and useful to pedestrians.

Walkability is an important component to livable and senior-friendly communities.

- **Black:** County has conducted audits within the past two years to assess the walkability of downtown areas, neighborhoods, etc., especially for people with special needs.
- **White:** County has not conducted walkability audit within the past two years.

Healthy Aging

Chronic Care Program: The North Carolina General Assembly directed the N.C. Department of Health and Human Services in 2005 to “expand the scope of Community Care of North Carolina (CCNC) care management model to recipients of Medicaid and dually eligible individuals with chronic conditions and long-term care needs....” In the chronic care initiative, the CCNC networks, in partnership with community long term care provider organizations, are expected to provide a comprehensive and integrated package of screening and assessment, case management and care coordination, in addition to the primary, preventive and medical coordination and treatment that is available to all enrollees. The Office of Rural Health and Community Care is administering this program.

- **Black:** County is participating in the Chronic Care Program.
- **White:** County is not participating in the Chronic Care Program.

Evidence-Based Program, Chronic Disease Self Management (CDSMP): The NC Division of Aging and Adult Services (DAAS) and Division of Public Health (DPH) received a 3 year grant from the U.S. Administration on Aging to carry out a campaign to implement and sustain the Stanford University Chronic Disease Self-Management Program (CDSMP) to reduce the risk of disease and disability among seniors. NC will target low-income, minority, and/or rural older adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. The program is currently available in 46 counties.

- **Black:** County has a Master CDSMP trainer.
- **White:** County has no Master CDSMP trainer.

Evidence-Based Program, Arthritis Foundation Exercise Program (AFEP): Formerly People with Arthritis Can Exercise or PACE, is an evidenced-based health promotion, community-based recreational exercise program developed by the Arthritis Foundation. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. AFEP is offered by the Arthritis Foundation.

- **Black:** County has AFEP courses available.
- **White:** County does not have AFEP courses available.

Evidence-Based Program, Arthritis Foundation Aquatic Program (AFAP): An evidence-based water exercise program created by the Arthritis Foundation for people with arthritis and related conditions. The classes are conducted by a trained instructor and are designed to improve flexibility, joint range of motion, endurance, strength, and daily function and to decrease pain. The Division of Public Health is administering this program.

- **Black:** County has AFAP courses available.
- **White:** County does not have AFEP courses available.

Food and Nutrition Services Utilization for those 65+: Food and Nutrition Services (FNS), previously known as Food Stamps, is a federal food assistance program that helps low-income families. The purpose of Food and Nutrition Services is to end hunger and improve nutrition and health. It helps eligible low-income households buy the food they need for a nutritionally adequate diet. The state participation rate for the Food and Nutrition Services program for those 65+ and eligible is 30.4% as of December 2007. The Division of Social Services administers this program.

- **Black:** County utilization rate is at or above that of the state.
- **White:** County utilization rate is below that of the state.

Mobile Dentistry: Mobile dentistry improves access to dental care for seniors and persons with disabilities who have difficulty receiving care in private dental offices due to their medical, physical and/or mental condition. The service is provided by a fully mobile state-of-the-art dental office staffed by a dentist, dental hygienist, and dental assistants providing oral hygiene and dental care.

- **Black:** County has access to mobile dentistry services.
- **White:** County does not have access to mobile dentistry services.

Programs of All inclusive Care for the Elderly (PACE): PACE is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The Division of Medical Assistance is administering this program.

- **Black:** County has an active PACE program or has received approval from the state and CMS to implement a PACE program.
- **Gray:** County has completed a feasibility study or is in the planning phase for PACE.
- **White:** County does not have a PACE program.

Influenza Vaccination: The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated annually against influenza. According to CCME, the state vaccination rate is 33.7% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above that of the state rate.
- **White:** County immunization rate is below that of the state rate.

Pneumonia Vaccination: The 2010 NC Healthy Carolinians immunization objective is to increase the proportion of adults 65 years of age or older who have ever been vaccinated against pneumococcal disease. According to CCME, the state vaccination rate is 45.6% based on 2004 CMS data of Medicare-only beneficiaries.

- **Black:** County immunization rate is at or above the state rate.
- **White:** County immunization rate is below the state rate.

Economic Security

Benefits Navigator: Benefits Navigator is a program using trained volunteers to help older adults and persons with disabilities access public benefits they need for economic security and well-being. The training focuses on Medicaid, MQB (or Medicare-Aid), Social Security, Food and Nutrition Services, and the Low Income Energy Assistance Program. DAAS administers this program. Medicare information and counseling is addressed by the Seniors Health Insurance Information Program (SHIIP).

- **Black:** County has at least one trained Benefits Navigator volunteer.
- **White:** County has no trained Benefits Navigator volunteers.

Technology

Technology Instructor: Technology instructors are employees of the Division of Services for the Blind (DSB) that provide older adults who have vision loss with local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances, and medication independently.

- **Black:** DSB has a technology instructor to serve the county.
- **White:** DSB does not have a technology instructor to serve the county.

Safety and Security

Strategic Alliances for Elders (S.A.F.E) in Long Term Care: Program staff train patrol officers, investigators, and other local law enforcement personnel about the unique situations and challenges that may present themselves when investigating alleged crimes against residents of long term care settings. DAAS works with the NC Justice Academy to administer this program.

- **Black:** County has SAFE law enforcement officers trained.
- **White:** County has no SAFE law enforcement officers trained.

Special Medical Needs Registry: Special Medical Needs Registries contain the names and addresses of individuals with medical and other special needs. The registry is an emergency preparedness tool and is used for communicating with and for people having special medical needs, to aid pre-event emergency planning and for evacuation and sheltering during actual emergencies.

- **Black:** County maintains special medical needs registry.
- **White:** County does not maintain special medical needs registry.

Victims Assistance Program: The Division of Aging and Adult Services and the Office of the Attorney General have developed a Victims Assistance Program. This program provides intense training to volunteers to help them become effective mentors to victims of fraud. The goals of this program are to reduce the ongoing incidence of consumer fraud and to establish a protocol for early detection of signs and symptoms of fraud among the vulnerable aging population.

- **Black:** County has a trained Victims Assistance Program volunteer.
- **White:** County does not have a trained Victims Assistance Program volunteer.

Social and Cultural

Senior Tar Heel Legislature (STHL): The Senior Tar Heel Legislature, established by state statute, assesses the legislative needs of older citizens by convening a forum modeled after the North Carolina General Assembly. It also provides information to senior citizens on the legislative process and promotes citizen involvement and advocacy. Delegates and alternates must be age 60 or older. DAAS provides staff support to the STHL.

- **Black:** County has at both a delegate and alternate.
- **Gray:** County has a delegate only.
- **White:** County has neither a delegate nor alternate.

Access and Choice in Services and Supports

Aging and Disability Resource Connection (ADRC): ADRCs are a no wrong door portal of entry into long term services and supports. ADRCs are visible and trusted places where people can turn for information on the full range of long term support options. They serve elderly persons, younger individuals with disabilities, family caregivers, as well as persons planning for future long term support needs. The Office of Long Term Services and Supports is coordinating the piloting, promotion of ADRCs, and expansion of ADRCs.

- **Black:** County has an ADRC project.
- **White:** County does not have an ADRC project.

Adult Day Services: Adult day services provide an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Programs must offer a variety of activities designed to meet the individual needs and interests of the participants. There are two types of adult day services in NC: (1) adult day care, and (2) adult day health. DAAS is responsible for certifying adult day services.

- **Black:** County has both certified adult day and day health services.
- **Gray:** County has at least one certified adult day center or adult day health program.
- **White:** County does not have a certified adult day center or adult day health program.

Emphasis on Medicaid Home and Community Care: The amount Medicaid spent on home-based care (CAP/DA, CAP/MR, home health and PCS) for every \$100 spent in nursing homes for clients age 60+ gives an indication of the balance between support of helping older adults age in place with home and community services as compared to placement in a facility. The state figure for 2006 is 46.9%.

- **Black:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars exceeds the State average.
- **Gray:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is nearly the same as the State figure of 46%-47%.
- **White:** County's percentage of Medicaid expenditures on home/community care dollars versus nursing home dollars is below the State figure.

Interagency Case Staffing for Aging and Adult Services: An interagency/interdisciplinary group meets regularly to discuss, manage, and locate resources for complex or challenging cases. This approach is considered to be an effective tool for helping consumers and targeting resources.

- **Black:** County has active case staffing group that meets on a regular basis.
- **White:** County does not have an active case staffing group.

Multipurpose Senior Centers: A multipurpose senior center is a community facility where older adults come together for services and activities that reflect their skills and interests and respond to their diverse needs. Centers are a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. DAAS administers a voluntary certification program that recognizes Centers of Excellence and Centers of Merit based on established criteria and a peer review process.

- **Black:** County has at least one certified Senior Center of Merit or Excellence.
- **Gray:** County has at least one multipurpose senior center or is in the planning stage of developing a multipurpose senior center, but none that is certified.
- **White:** County does not have a multipurpose senior center.

NC New Organizational Vision Award (NOVA): NC NOVA is a voluntary, special licensure model which covers a comprehensive set of workplace expectations. The program seeks to recognize providers who actively support and empower their direct care workforce across long term care related settings. The Carolinas Center for Medical Excellence (CCME) reviews the applications for NC NOVA.

- **Black:** County has an agency or facility that has obtained NC NOVA licensure status.
- **White:** County does not have an agency or facility that has obtained NC NOVA licensure status.

Caregiver Alternatives to Running on Empty (Project C.A.R.E): Project C.A.R.E. uses a consumer-directed, family consultant model to provide comprehensive respite support to dementia caregivers. Through an in-home intervention, Alzheimer's families are assisted in resolving caregiving issues, connected with community resources and if eligible, provided with funding for respite care. DAAS is administering this federally funded Alzheimer's demonstration program in 14 counties.

- **Black:** County is participating in Project C.A.R.E.
- **White:** County is not participating in Project C.A.R.E.

State/County Special Assistance In-Home Program (SA-IH): The State/County Special Assistance In-Home Program for Adults provides a cash supplement to help Medicaid-eligible individuals who are at risk of entering an Adult Care Home and would like to remain at home. SA/IH provides an alternative to placement in an Adult Care Home for individuals who could live at home safely with additional support services and income. DAAS administers this program, working with county departments of social services. It is currently available in 91 counties.

- **Black:** County is participating in SA/IH program.
- **White:** County is not participating in SA/IH program.

Public Accountability and Responsiveness

Adult Care Home Quality Improvement Program (ACHQI): A quality improvement pilot program, established by the General Assembly, designed specifically for Adult Care and Family Care Homes. Participating homes receive consultative support from county departments of social services to assess, improve, and monitor the safety of medication use in their environments. Other areas for quality improvement are planned for the future. DAAS is responsible for administering this program in four counties (Alamance, Buncombe, Nash and Rutherford).

- **Black:** One or more adult care homes or family care homes participate in the ACHQI program.
- **White:** No adult care homes or family care homes in the county participate in the ACHQI program.

Aging Leadership Planning Teams: Aging Leadership Planning Teams are citizen-driven and broadly focused planning teams at the county level. Teams lead in planning for aging through a collaborative process. They utilize the livable and senior-friendly community framework to plan for culture and systems changes in the community to promote independence, dignity and choice for older adults.

- **Black:** County has an Aging Leadership Planning Team that meets on an ongoing basis.
- **White:** County does not have an Aging Leadership Planning Team.

The Maturing of America—Getting Communities on Track for an Aging

The Maturing of America—Getting Communities on Track for an Aging Population survey was conducted in 2005 through a partnership with the National Association of Area Agencies on Aging (n4a), the International City/County Management Association, the National Association of Counties, the National League of Cities, and Partners for Livable Communities. Questionnaires were sent to 278 local governments in North Carolina asking about their "aging readiness" and included 15 indicators. There were a total of 64 respondents from across the state (see appendix). Out of 3 surveys sent to Buncombe County municipalities, there was only one respondent to the survey. The County of Buncombe's survey response indicates that the county has many programs/services to aid with such issues as health care, exercise, public safety/emergency, taxation, workforce development, and civic engagement. The county involves older adults in planning and is addressing their needs to make their community livable for all ages but faces a challenge of insufficient funds at all levels. Blanks on the below table indicates no response was given by the survey respondent.

The Maturing of America-Buncombe County Survey Response

| | Local government role (Check all applicable) | | | | | |
|--|---|-------------------|----------------------------------|---------------------|--------------------|---------|
| HEALTH CARE PROGRAMS/SERVICES FOR OLDER ADULTS | Is available regardless of provider | Provides programs | Funds all or part of the program | Publicizes programs | Partner in program | No role |
| Access to healthcare services that meet a range of needs | X | X | X | X | | |
| Access to prescription programs that meet a range of needs | X | | | | | |
| Transportation to and from medical appointments | X | X | X | X | | |
| Wellness | X | X | | | | |
| Preventive screenings | X | X | | | | |
| Immunizations | X | X | X | X | | |
| Communal meals | X | | X | | | |
| Nutrition programs/services | X | | | | | |
| Meals delivered to home | X | | X | | | |
| EXERCISE PROGRAMS/SERVICES FOR OLDER ADULTS | | | | | | |
| Exercise classes tailored to specific health concerns such as arthritis, heart disease | X | | | | | X |
| Local parks and other venues that have safe, accessible walking/biking trails | X | X | X | X | | |
| TRANSPORTATION PROGRAMS/SERVICES FOR OLDER ADULTS | | | | | | |
| Public transportation to and from senior centers, adult day services, grocery stores, etc. | X | X | X | X | | |
| Discounted taxi cab and/or bus fares | X | | X | X | | |
| Dial-a-Ride (eg. door-to- door paratransit) | X | X | X | X | | |
| Road design that meets the needs of older drivers (e.g. left turn lanes, road markings) | | | | | | X |
| Road signage that meets the needs of older drivers (e.g. large signs) | | | | | | X |
| Side walks and street crossings that are safe and accessible for older pedestrians (e.g. flashing walk signs, sidewalk bumpouts) | | | | | | X |
| Sidewalk system linking residences and essential services | | | | | | X |
| PUBLIC SAFETY/EMERGENCY SERVICES | | | | | | |
| Elder abuse/neglect identification | X | X | X | X | | |
| Elder abuse/neglect prevention | X | X | X | X | | |
| Neighborhood watch programs | X | | | | | |

| PUBLIC SAFETY/EMERGENCY SERVICES | Is available regardless of provider | Provides programs | Funds all or part of the program | Publicizes programs | Partner in program | No role |
|--|--|--------------------------|---|----------------------------|---------------------------|----------------|
| Plans for evacuation of older adults in the event of a natural disaster or homeland security agent | X | | | | X | |
| Emergency energy assistance program | X | X | X | X | | |
| Knowledge of where older adults reside so services can be provided in severe weather or other situations that prevent residents from leaving their homes | X | | | | X | |
| Specialized training for staff in dealing with older adults | X | | | | | X |
| HOUSING | | | | | | |
| Home maintenance/repair assistance and modification of existing home to accommodate the needs of older adults | X | | | | X | |
| Modification of service delivery to meet the needs of older adults (eg. Backyard trash collection) | | | | | | X |
| Subsidized housing | X | | | | | X |
| TAXATION/FINANCE | | | | | | |
| Property tax relief for older adults on limited incomes | X | | | X | | |
| Assistance with preparation of tax forms | X | | | | | X |
| Education and information about financial fraud and predatory lending | X | | | | | X |
| WORKFORCE DEVELOPMENT | | | | | | |
| Job retraining opportunities | X | X | X | | | |
| Flexible job opportunities | X | | | | | X |
| CIVIC ENGAGEMENT/VOLUNTEER OPPORTUNITIES | | | | | | |
| Discounts for older adults who want to take classes at local colleges/universities | X | | | | | X |
| Senior Corps programs | X | | X | | | |
| Civic engagement/volunteer opportunities that use all adults, including older adults | X | | | | | |
| AGING/HUMAN SERVICES/PROGRAMS FOR OLDER ADULTS | | | | | | |
| In-home support services that enable older adults to live independently | X | | X | | X | |
| Single point entry of services | | | | | | |

| POLICIES/GUIDELINES | Local government in place | Local government not in place | Local government is considering | No response | | |
|--|--|-------------------------------|---------------------------------|-------------|--|--|
| Zoning requirements that support the development of active older adult communities | | X | | | | |
| Building codes that support the development of assisted living facilities | | | | X | | |
| Zoning requirements, subdivisions requirements or building codes that promote/support other senior housing options | X | | | | | |
| Planning process that considers the needs of older adults | | X | | | | |
| Community design/redesign that supports walkability | X | | | | | |
| DEMOGRAPHICS | | | | | | |
| What age description does your local government use to identify "older adults" | 60+ | | | | | |
| Is your community experiencing in-migration? | Yes, older adults | | | | | |
| Is your community experiencing out-migration? | No | | | | | |
| In the past 3 years has your local govt. solicited information from older adults to determine their needs (surveys, assessments) | No | | | | | |
| Has your local govt. begun to plan for growing senior population in your community? | Yes | | | | | |
| Does your local govt. have an advisory board or other mechanisms for older adult members to participate in planning for programs and /or services that benefit them? | Yes | | | | | |
| Which of the following best describes your community? | Urban | | | | | |
| Which of the following best describes your local government's current economic condition? | stable: no real growth or decline | | | | | |
| What are the top three challenges your community faces in meeting the needs of or planning for older adults? | 1. Need to shift medicaid/medicare payment policies toward community & home based services 2. Comprehensive planning for long-term living & coordination of services that allow seniors to age "in place" 3. Funding - insufficient funding at all levels to address services needed by seniors; need basic health | | | | | |

REFERENCE

The Maturing of America - Getting Communities on Track for an Aging Population Survey -2005
Survey conducted through partnership of National Association of Area Agencies on Aging, International City/County Management Association, The National Association of Counties, and National League of Cities and Partners for Livable Communities

Buncombe County 60+ Services, Funding Sources, Eligibility, and Expenditure Matrix

| Divisions/Programs | Funding sources | Eligibility | Number of clients | | Expenditures | | % Change in | |
|---|------------------------------------|----------------|-------------------|-----------|------------------|------------------|----------------------|--------------------------|
| | | | 2005-2006 | 2006-2007 | 2005-2006 | 2006-2007 | Clients 2006-2007 | Expenditure 2006-2007 |
| Department of Transportation (DOT) | | | | | | | | |
| Elderly and Disabled Transportation Assistance Program | Rural Operating Assistance Program | 60+, disabled | NA | NA | \$103,990 | \$100,561 | NA | -3.3 |
| Elderly and Disabled Transportation Assistance Program (Supplemental) | Rural Operating Assistance Program | 60+, disabled | NA | NA | \$0 | \$36,037 | NA | |
| DOT TOTAL | | | | | \$103,990 | \$136,598 | | 31.4 |
| Division of Aging and Adult Services (DAAS) | | | | | | | | |
| Adult Day Care | HCCBG, State In-Home fund | 60+ | 20 | 17 | \$25,067 | \$27,693 | -15.0 | 10.5 |
| Adult Day Health | HCCBG, State In-Home fund | 60+ | 59 | 42 | \$86,061 | \$97,604 | -28.8 | 13.4 |
| Congregate Nutrition | HCCBG | 60+ | 390 | 387 | \$124,145 | \$120,335 | -0.8 | -3.1 |
| Family Caregiver Support - Access | OAA, Title 111-E | See note below | NA | NA | \$34,544 | \$36,786 | NA | 6.5 |
| Family Caregiver Support - Counseling/Support Groups/Training | OAA, Title 111-E | See note below | NA | NA | \$34,749 | \$25,229 | NA | -27.4 |
| Family Caregiver Support - Information | OAA, Title 111-E | See note below | NA | NA | \$27,216 | \$36,905 | NA | 35.6 |
| Family Caregiver Support - Respite Care | OAA, Title 111-E | See note below | NA | NA | \$95,265 | \$105,230 | NA | 10.5 |
| Family Caregiver Support - Supplemental Services | OAA, Title 111-E | See note below | NA | NA | \$5,367 | \$5,674 | NA | 5.7 |
| Health Promotion/Disease Prevention | OAA, Title 111-D | 60+ | NA | NA | \$27,414 | \$27,214 | NA | -0.7 |
| Home Delivered Meals | HCCBG | 60+, homebound | 148 | 200 | \$59,606 | \$66,403 | 35.1 | 11.4 |
| Housing and Home Improvement | HCCBG | 60+ | 69 | 61 | \$55,655 | \$55,556 | -11.6 | -0.2 |
| In Home Aide Level 1 | HCCBG, State In-Home fund | 60+ | 107 | 103 | \$393,308 | \$452,386 | -3.7 | 15.0 |

| Divisions/Programs | Funding sources | Eligibility | Number of clients | | Expenditures | | % Change in | |
|--|--------------------------------------|---|-------------------|-----------|--------------------|--------------------|----------------------|--------------------------|
| | | | 2005-2006 | 2006-2007 | 2005-2006 | 2006-2007 | Clients 2006-2007 | Expenditure 2006-2007 |
| Division of Aging and Adult Services (DAAS) | | | | | | | | |
| In Home Aide Level 2 | HCCBG, State In-Home fund | 60+ | 37 | 68 | \$234,658 | \$239,335 | 83.8 | 2.0 |
| Information & Assistance | HCCBG | 60+ | NA | NA | \$77,792 | \$40,384 | NA | -48.1 |
| Legal | OAA, Title 111-B | 60+ | NA | NA | \$37,461 | \$37,461 | NA | 0.0 |
| Medication Management | OAA, Title 111-D | 60+ | NA | NA | \$9,139 | \$9,071 | NA | -0.7 |
| Senior Center | State, HCCBG | 60+ | NA | NA | \$39,120 | \$55,654 | NA | 42.3 |
| Senior Companion | HCCBG | 60+ | 9 | 25 | \$23,333 | \$23,341 | 177.8 | 0.0 |
| Transportation, General | HCCBG | 60+ | 276 | 303 | \$145,983 | \$183,995 | 9.8 | 26.0 |
| Transportation, Medical | HCCBG | 60+ | 457 | 515 | \$114,036 | \$174,627 | 12.7 | 53.1 |
| DAAS TOTAL | | | | | \$1,649,919 | \$1,820,883 | | 10.4 |
| Division of Medical Assistance (DMA) | TITLE XIX of the Social Security Act | Medicaid eligible, may receive any or all the medical services subject to limitations, duration and scope as defined in the State Medicaid Plan | | | | | | |
| ACH-PCS Basic/Enhanced | | | 406 | 405 | \$1,913,696 | \$1,993,997 | -0.2 | 4.2 |
| ACH-Transportation | | | 403 | 404 | \$59,352 | \$61,697 | 0.2 | 4.0 |
| CAP/DA | | | 229 | 223 | \$4,325,555 | \$4,031,896 | -2.6 | -6.8 |
| CAP/MR* | | | 8 | 12 | \$422,987 | \$452,121 | 50.0 | 6.9 |
| Clinics* | | | 948 | 950 | \$571,559 | \$373,361 | 0.2 | -34.7 |
| Dental* | | | 1,181 | 1,288 | \$239,630 | \$261,257 | 9.1 | 9.0 |
| Home Health* | | | 1,931 | 1,912 | \$1,571,059 | \$1,636,496 | -1.0 | 4.2 |
| Hospice | | | 108 | 155 | \$1,032,446 | \$1,395,997 | 43.5 | 35.2 |
| ICF-MR* | | | 8 | 8 | \$754,240 | \$901,730 | 0.0 | 19.6 |
| Inpatient Hospital* | | | 565 | 472 | \$1,862,142 | \$2,018,839 | -16.5 | 8.4 |
| Inpatient Mental Hospital* | | | 3 | 4 | \$7,362 | \$201,766 | 33.3 | 2,640.6 |
| LAB&XRAY/Physicians* | | | 4,419 | 4,246 | \$2,477,062 | \$2,355,197 | -3.9 | -4.9 |
| Medicare Part A&B Premiums | | | 5,100 | 5,159 | \$5,678,731 | \$6,249,296 | 1.2 | 10.0 |
| Medicare Part D Clawback | | | 3,668 | 4,077 | \$1,489,191 | \$3,670,307 | 11.2 | 146.5 |
| Nursing Homes* | | | 1,259 | 1,249 | \$34,311,620 | \$33,384,352 | -0.8 | -2.7 |
| Other Care* | | | 1,789 | 1,692 | \$217,597 | \$198,537 | -5.4 | -8.8 |
| Other Practitioners* | | | 1,460 | 1,399 | \$126,792 | \$876,383 | -4.2 | 591.2 |
| Outpatient Hospital* | | | 2,032 | 2,109 | \$963,108 | \$927,350 | 3.8 | -3.7 |
| Prescribed Drugs | | | 4,207 | 2,353 | \$10,482,999 | \$1,862,617 | -44.1 | -82.2 |

| Divisions/Programs | Funding sources | Eligibility | Number of clients | | Expenditures | | % Change in | |
|--|--|---|-------------------|-----------|---------------------|---------------------|----------------------|--------------------------|
| | | | 2005-2006 | 2006-2007 | 2005-2006 | 2006-2007 | Clients 2006-2007 | Expenditure 2006-2007 |
| Division of Medical Assistance (DMA) | | | | | | | | |
| Regular Personal Care (PCS)* | | | 423 | 386 | \$2,092,921 | \$1,769,024 | -8.7 | -15.5 |
| DMA TOTAL | | | | | \$70,600,049 | \$64,622,220 | | -8.5 |
| Division of Mental Health/Developmental Disabilities/Substance Abuse (DMH/DD/SAS) | | | | | | | | |
| Alcohol Rehabilitation Centers* | Medicare, SAPBG, State Appropriations | 18+, ASAM = III.7, with Sub Abuse or Sub Abuse/Mental Health Diagnoses | 3 | 6 | \$8,662 | \$22,247 | 100.0 | 156.8 |
| Developmental Disabilities* | Medicaid, State Appropriations | Meet eligibility for developmental disabilities | 12 | 14 | \$74,100 | \$72,236 | 16.7 | -2.5 |
| Mental Health* | Medicaid, State Appropriations | | 350 | 403 | \$87,009 | \$120,285 | 15.1 | 38.2 |
| Mental Retardation Centers* | Medicaid, State Appropriations | 18+, with Severe to Profound Mental Retardation Diagnosis | 1 | NA | \$156,127 | \$177,607 | NA | 13.8 |
| Psychiatric Hospitals* | Medicaid, Medicare, State Appropriations | 12+ and Meet Medical Eligibility Criteria = Dangerous to Self and/or Others having Mental Illness Diagnosis | 123 | 150 | \$2,521,561 | \$2,432,437 | 22.0 | -3.5 |
| Substance Abuse* | Medicaid, State Appropriations | | 35 | 35 | \$57,425 | \$50,574 | 0.0 | -11.9 |
| DMH/DD/SAS TOTAL | | | | | \$2,904,884 | \$2,875,386 | | -1.0 |
| Division of Services for the Blind (DSB) | | | | | | | | |
| Special Assistance for the Blind* | 50%State/50% County | Meet eligibility for vision (legal blindness) and income guidelines. | 1 | NA | \$3,960 | \$4,224 | NA | 6.7 |
| DSB TOTAL | | | | | \$3,960 | \$4,224 | | 6.7 |
| Division of Social Services (DSS) | | | | | | | | |
| ACH Case Management & Screening | Medicaid | Medicaid recipient and meet criteria for Medicaid Enhanced PCS | 114 | 100 | \$77,514 | \$49,783 | -12.3 | -35.8 |
| Adult Day Care | HCCBG, State Adult Day Care Fund | Adults who "need" the service and fall into the target population | 35 | 40 | \$105,368 | \$61,106 | 14.3 | -42.0 |

| Divisions/Programs | Funding sources | Eligibility | Number of clients | | Expenditures | | % Change in | |
|--|---|--|-------------------|-----------|---------------------|---------------------|----------------------|--------------------------|
| | | | 2005-2006 | 2006-2007 | 2005-2006 | 2006-2007 | Clients 2006-2007 | Expenditure 2006-2007 |
| Division of Social Services (DSS) | | | | | | | | |
| Adult Placement | SSBG | Adults who "need" the service and fall into the target population | 6 | 11 | \$940 | \$1,590 | 83.3 | 69.1 |
| Adult Protective Services | SSBG, State APS Fund | Adults who "need" the service and fall into the target population | 290 | 338 | \$115,040 | \$123,500 | 16.6 | 7.4 |
| At-Risk Case Management | Medicaid | Medicaid recipient and meet criteria for being "at-risk" | 58 | 52 | \$48,393 | \$20,441 | -10.3 | -57.8 |
| Energy Assistance | LIEAP, CIP | Meet income guidelines | 1,368 | 1,426 | \$74,986 | \$169,548 | 4.2 | 126.1 |
| Food Stamps | USDA | Meet income guidelines | 2,217 | 2,562 | \$1,745,508 | \$1,835,899 | 15.6 | 5.2 |
| Guardianship | SSBG | Adults who "need" the service and fall into the target population | 61 | 62 | \$37,732 | \$48,544 | 1.6 | 28.7 |
| In-Home Aide | SSBG, State In-Home Fund | Adults who "need" the service and fall into the target population | 389 | 296 | \$137,274 | \$146,617 | -23.9 | 6.8 |
| Meals- Home and Congregate | SSBG | | 7 | 5 | | | -28.6 | |
| Other | | | 501 | 404 | \$373,102 | \$207,389 | -19.4 | -44.4 |
| Special Assistance: Adult Care Homes | S/C Special Assistance for Adults Program | Entitlement program for low income older and disabled adults who need care in an adult care home; must meet income need and asset requirements | 389 | 351 | \$1,449,328 | \$1,483,469 | -9.8 | 2.4 |
| Special Assistance: In-Home | S/C Special Assistance for Adults Program | Adults who have adult care home level of need but who can be maintained safely in their own home; must meet income and assets requirements | 19 | 17 | \$63,281 | \$68,307 | -10.5 | 7.9 |
| Transportation | SSBG | | 30 | 21 | \$9,355 | \$8,503 | -30.0 | -9.1 |
| DSS TOTAL | | | | | \$4,237,821 | \$4,224,696 | | -0.3 |
| Division of Vocational Rehabilitation (DVR) | | | | | | | | |
| Independent Living* | State | See note below | 55 | 59 | \$111,654 | \$118,613 | 7.3 | 6.2 |
| Vocational Rehabilitation* | Federal, 21.3% State | See note below | 27 | 26 | \$85,165 | \$87,015 | -3.7 | 2.2 |
| DRV TOTAL | | | | | \$196,819 | \$205,628 | | 4.5 |
| County Total | | | | | \$79,697,440 | \$73,889,637 | | -7.3 |

* Providers may not be based in the specific county
NA denotes that data were not available

Family Caregiver Support Program Services (eligibility)

Family caregivers who provide care to older (60+) individuals or individuals (of any age) with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder and for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities. Child age 18 or under who: Lives with primary relative caregiver, because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child: Has a legal relationship to the relative caregiver including adoption OR Is being raised informally by the relative caregiver: Older individuals caring for individuals with severe disabilities including children with severe disabilities (cannot be a parent)

Independent Living (IL) Rehabilitation Program (eligibility)

IL services may be provided to an individual with a significant physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively. [IL State Plan; 34 CFR 364.4 and 364.51; 1998 Amendments to the Rehabilitation Act of 1973 Sec. 7(21)(B)]

Vocational Rehabilitation Program (eligibility)

In order to be eligible for vocational rehabilitation services the individual must:

1. Be an individual with a disability. This is defined to mean that (1) the individual has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and (2) the individual can benefit from vocational rehabilitation services in terms of an employment outcome; AND
2. Require vocational rehabilitation services to prepare for, secure, retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

If an individual has been determined pursuant to title II or title XVI of the Social Security Act to be a person with a disability, the individual is presumed to be eligible to receive services if the individual intends to achieve an employment outcome.

[The 1998 Amendments to the Rehabilitation Act of 1973 Section 1029A091)]

This report shows some significant changes in expenditure in some of the services between State Fiscal Years 2005-06 and 2006-07. Though there are some decreases in the expenditure, there are increases for others (e.g., DMA inpatient mental hospital, DMA other practitioners and DSS energy assistance). There was a significant increase in the number of Senior Companion clients without an increase of expenditures.

Division of Aging and Adult Services (DAAS)

Inventory of Home and Community Care Block Grant (HCCBG) Providers/Services Buncombe County

| Provider | Services |
|---|---|
| ADVANTAGE HOME CARE | <i>IN-HOME LEVEL 2 - PERSONAL CARE</i> |
| BUNCOMBE CO MEALS ON WHEELS | <i>HOME-DELIVERED MEALS</i> |
| BUNCOMBE CO PLANNING DEPT | <i>IN-HOME LEVEL 1 - HOME MANAGEMENT</i> |
| CAREPARTNERS - PRIVATE DUTY SERVICES | <i>IN-HOME LEVEL 2 - PERSONAL CARE</i> |
| CAREPARTNERS ADULT DAY SERVICES | <i>ADULT DAY CARE TRANSPORTATION ADULT DAY HEALTH</i> |
| COUNCIL ON AGING BUNCOMBE CO | <i>CONGREGATE NUTRITION INFORMATION AND ASSISTANCE</i> |
| LAND OF SKY REGIONAL COUNCIL | <i>SENIOR COMPANION</i> |
| MOUNTAIN HOUSING OPPORTUNITY | <i>HOUSING AND HOME IMPROVEMENT</i> |
| PISGAH LEGAL SERVICES | <i>LEGAL SERVICES</i> |

Source: DAAS Aging Services Directory 1/3/2008

HCCBG awards a combination of federal Older Americans Act funds and state appropriations to counties through Area Agencies on Aging (AAA) to serve adults 60 and older who require services to remain in the community. Through local planning, counties have the ability to choose from eighteen services, determine what level of funding those services will receive, and the provider(s) of service. Buncombe County has a relatively wide variety of the HCCBG services being offered through many providers. Buncombe County places an emphasis on in-home aide, adult day care, adult day health, home-delivered meals, housing and home improvement, information and assistance, and transportation, which are core services for helping vulnerable seniors remain living in the community.

Buncombe County Waiting List of Clients by Service

| Service Description | Clients on Wait List |
|-----------------------------|----------------------|
| Home-Delivered Meals | 11 |
| Home Delivered Meals - NSIP | 1 |
| In Home Aide - Level 1 | 155 |
| In Home Aide - Level 2 | 122 |
| Adult Day Health | 1 |
| Congregate Meals - NSIP | 1 |
| Senior Companion | 1 |
| Total | 292 |

Source: Division of Aging and Adult Services 6/07

As of June 30, 2007 there were 292 people on the waiting list for home and community based services funded through the Division of Aging and Adults Services. The reporting of waiting list information is voluntary for providers. Therefore, the numbers may not reflect all the needs in the county. It should also be noted that the numbers of clients on the waiting list are duplicated counts, meaning one person may be on the waiting list for more than one service.

Long-Term Care Ombudsman Program (Federal Fiscal Years 2005, 2006, 2007)

| Buncombe County | 2005 | 2006 | 2007 |
|---|------|------|------|
| Number of Complaints | 144 | 403 | 240 |
| Action Taken on Complaints: | | | |
| Resolved: | 65 | 218 | 129 |
| Partially Resolved | 56 | 42 | 20 |
| Not resolved | 4 | 19 | 1 |
| Withdrawn | 3 | 32 | 13 |
| Not Substantiated | 13 | 89 | 31 |
| Referred to: | | | |
| DHSR | 6 | 8 | 17 |
| DSS | 7 | 80 | 16 |
| APS | 1 | 6 | 4 |
| Percent of all LTC Ombudsman Program state complaints coming from this county | 4.8 | 13.2 | 7.4 |
| Total number of complaints against nursing homes | 81 | 170 | 94 |
| Total number of complaints against adult care homes | 57 | 225 | 136 |

Source: Division of Aging and Adult Services 3/2008

In Buncombe County, the numbers of complaints reported to the Long-Term Care Ombudsman Program against nursing homes and adult care homes have decreased between 2006 and 2007.

Guardianship Program (State Fiscal Years 2005, 2006, 2007)

| Counties | # Receiving Services (2005) | # Receiving Services (2006) | # Receiving Services (2007) |
|-------------|-----------------------------|-----------------------------|-----------------------------|
| Brunswick | 22 | 26 | 24 |
| Buncombe | 103 | 78 | 88 |
| Gaston | 108 | 89 | 83 |
| Henderson | 76 | 71 | 82 |
| Moore | 38 | 50 | 45 |
| New Hanover | 52 | 49 | 56 |

Source: Division of Aging and Adult Services 3/2008

Guardianship Services are services provided to an individual alleged to be in need of a guardian or services to those for whom the agency director or assistant director has been appointed as legal guardian. The services includes the assessment of an individual's need for guardianship; activities aimed at locating the appropriate person(s) to serve as guardian(s); and when necessary, petitioning or assisting the family to petition for the adjudication of incompetence for an adult and the appointment of a guardian for an adult or minor under the provisions of G.S. 35A. Working with other community agencies to locate

an appropriate guardian for an individual and working with the clerk of court concerning an individual case are also included in this service, as is coordination of activities with the agency attorney regarding court action on a specific case. Ongoing case work with clients for whom the agency's director or assistant director has been appointed as guardian is also part of this service. This includes contacts with the client, the client's family as part of a service plan, or with facility staff; completing quarterly reviews; and completing and filing annual accounting and status reports with the clerk of court as required by law.

The above table shows the total number of Guardianship Services provided in the six counties to adults of all ages between 2005 and 2007. The number of Guardianship Services in Buncombe County has decreased between 2005 and 2007.

Division of Services for the Blind (DSB)

DSB provides individuals who are blind and visually impaired specialized and individualized services in all 100 counties. These services are provided by Social Workers for the Blind, Independent Living Rehabilitation Counselors, Orientation and Mobility Specialists, Nurse Eye Care Consultants, Deaf Blind Specialists, Vocational Rehabilitation Counselors, and Assistive Technology Specialists and Instructors. Services are rendered in the homes of clients and in community-based classes called "Mini Centers." Mini Centers provide instruction in a small group setting to older adults in the use of adaptive techniques and equipment for performing daily living tasks after vision loss. Additionally, older adults who have vision loss now have increased availability of local access to training in the use of assistive technology like large print and/or speech output for computers that enable them to handle their correspondence, personal finances and medication independently. This service is available as a result of Assistive Technology Instructors being added to the staff. Various social and recreational activities are available. Visually impaired and adults who are blind in all the study counties attend annual events: Camp Dogwood (near Lake Gaston) and the Visually Impaired Person Fishing Tournament in the Outer Banks.

Division of Health Services Regulation (DHSR)

Inventory of Adult Care Home Beds (Fall 2007)

| Facility Name | LicBedsin NH | LicBedsin Hosp | Adult Care Homes | Total Licensed Beds | License Pending | | | Available SMFP | Total Available | Sum of Exclusions | TOTAL Planning Inventory |
|--|-----------------|-------------------|---------------------|---------------------------|-----------------|-----------------|-------------------|-------------------|--------------------|----------------------|--------------------------------|
| | | | | | CON | ACH (Exempt) | ACH (Pipeline) | | | | |
| Alterra Clare Bridge of Asheville | 0 | 0 | 38 | 38 | 0 | 0 | 0 | 0 | 38 | 0 | 38 |
| Arbor Terrace of Asheville | 0 | 0 | 70 | 70 | 0 | 0 | 0 | 0 | 70 | 0 | 70 |
| Asheville Health Care Center | 14 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 14 | 0 | 14 |
| Asheville Manor | 0 | 0 | 79 | 79 | 0 | 0 | 0 | 0 | 79 | 0 | 79 |
| Aston Park Health Care Center, Inc. | 23 | 0 | 0 | 23 | 0 | 0 | 0 | 0 | 23 | 0 | 23 |
| Becky's Rest Home #1 | 0 | 0 | 15 | 15 | 0 | 0 | 0 | 0 | 15 | 0 | 15 |
| Becky's Rest Home #2 | 0 | 0 | 15 | 15 | 0 | 0 | 0 | 0 | 15 | 0 | 15 |
| Brian Center Health & Rehab/Weaverville | 20 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 20 | 0 | 20 |
| Canterbury Hills Adult Care Home | 0 | 0 | 99 | 99 | 0 | 0 | 0 | 0 | 99 | 0 | 99 |
| Chunn's Cove Assisted Living | 0 | 0 | 68 | 68 | 0 | 0 | 0 | 0 | 68 | 0 | 68 |
| Crescent View | 0 | 0 | 24 | 24 | 0 | 0 | 0 | 0 | 24 | 0 | 24 |
| Deerfield Episcopal Retirement Community | 42 | 0 | 0 | 42 | 20 | 0 | 0 | 0 | 62 | 31 | 31 |
| Emerald Ridge Rehab. & Care Center | 20 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 20 | 0 | 20 |
| Flesher's Fairview Health Care Center | 14 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 14 | 0 | 14 |
| Flesher's Fairview Rest Home, Inc. | 0 | 0 | 64 | 64 | 0 | 0 | 0 | 0 | 64 | 0 | 64 |
| Givens Health Center | 26 | 0 | 0 | 26 | 0 | 0 | 0 | 0 | 26 | 13 | 13 |
| Grace Manor | 0 | 0 | 29 | 29 | 0 | 0 | 0 | 0 | 29 | 0 | 29 |
| Heather Glen at Ardenwoods | 0 | 0 | 60 | 60 | 0 | 0 | 0 | 0 | 60 | 30 | 30 |
| Highland Farms, Inc. | 30 | 0 | 0 | 30 | 0 | 0 | 0 | 0 | 30 | 15 | 15 |
| Hominy Valley Retirement Center | 0 | 0 | 30 | 30 | 0 | 0 | 0 | 0 | 30 | 0 | 30 |
| Marjorie McCune Memorial Center | 0 | 0 | 64 | 64 | 0 | 0 | 0 | 0 | 64 | 0 | 64 |
| Richard A. Wood, Jr. Asst Lvg | 0 | 0 | 56 | 56 | 0 | 0 | 0 | 0 | 56 | 0 | 56 |
| Richmond Hill Rest Home #1 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| Richmond Hill Rest Home #2 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| Richmond Hill Rest Home #3 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| Richmond Hill Rest Home #4 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| Richmond Hill Rest Home #5 | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| Rickman Nursing Care Center | 50 | 0 | 0 | 50 | 0 | 0 | 0 | 0 | 50 | 0 | 50 |
| Samaritan Place Assisted Living | 0 | 0 | 54 | 54 | 0 | 0 | 0 | 0 | 54 | 0 | 54 |
| Shadybrook Assisted Living | 0 | 0 | 49 | 49 | 0 | 0 | 0 | 0 | 49 | 0 | 49 |
| The Laurels of Summit Ridge | 63 | 0 | 0 | 63 | 0 | 0 | 0 | 0 | 63 | 0 | 63 |
| The Oaks at Sweeten Creek Healthcare | 20 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 20 | 0 | 20 |
| The Village Inn | 0 | 0 | 50 | 50 | 0 | 0 | 0 | 0 | 50 | 0 | 50 |
| Windwood Rest Home | 0 | 0 | 12 | 12 | 0 | 0 | 0 | 0 | 12 | 0 | 12 |
| TOTAL | 322 | 0 | 936 | 1258 | 20 | 0 | 0 | 0 | 1278 | 89 | 1189 |

Source: 2008 State Medical Facilities Plan (SMFP)

<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>

According to the 2008 State Medical Facilities Plan, Buncombe County has a total of 1258 licensed adult care home beds. A statewide moratorium was placed on the development of new adult care home beds in 1997. However, legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds are referred to as “exempt” or “pipeline” beds. The “total available” of adult care home beds (licensed + license pending + previously allocated) was 1278. Exclusion for one-half of the adult care home beds in continuing care retirement communities accounted for 89 excluded beds resulting in an adjusted “planning inventory” of 1189 adult care home beds.

Inventory of Nursing Home and Hospital Nursing Care Beds (Fall 2007)

| Facility Name | Licensed Nursing Home Beds | | | CON Approved or Pending | | Available in SMFP | Total Available | Sum of Exclusions | Total Planning Inventory |
|---|----------------------------|-----------|-------|-------------------------|----------|-------------------|-----------------|-------------------|--------------------------|
| | Nursing Homes | Hospitals | TOTAL | Nursing Home | Hospital | | | | |
| Asheville Health Care Center | 106 | 0 | 106 | | | | 106 | 0 | 106 |
| Ashton Park Health Care Center, Inc. | 120 | 0 | 120 | | | | 120 | 0 | 120 |
| Black Mountain Neuro-Medical Treatment Ctr* | 0 | 0 | 71* | | | | 71* | 0 | 0 |
| Blue Ridge Rehab. & Healthcare Center | 12 | 0 | 120 | | | | 120 | 0 | 120 |
| Brian Center Health & Rehab/Weaverville | 122 | 0 | 122 | | | | 122 | 0 | 122 |
| Brooks-Howell Home | 58 | 0 | 58 | | | | 58 | 58 | 0 |
| Deerfield Episcopal Retirement Community | 48 | 0 | 48 | 14 | | | 62 | 31 | 31 |
| Emerald Ridge Rehab. & Care Center | 100 | 0 | 100 | | | | 100 | 0 | 100 |
| Flesher's Fairview Health Care Center | 106 | 0 | 106 | | | | 106 | 0 | 106 |
| Givens Health Center | 58 | 0 | 58 | | | | 58 | 3 | 55 |
| Golden LivingCenter - Asheville | 77 | 0 | 77 | | | | 77 | 0 | 77 |
| Highland Farms, Inc. | 60 | 0 | 60 | | | | 60 | 0 | 60 |
| Magnolia Health Care Center | 120 | 0 | 120 | | | | 120 | 0 | 120 |
| Mountain Ridge Wellness Center | 97 | 0 | 97 | | | | 97 | 0 | 97 |
| Pisgah Manor Wellness Center | 118 | 0 | 118 | | | | 118 | 0 | 118 |
| Rickman Nursing Care Center | 100 | 0 | 100 | | | | 100 | 15 | 85 |
| The Laurels of GreenTree Ridge | 98 | 0 | 98 | | | | 98 | 0 | 98 |
| The Laurels of Summit Ridge | 60 | 0 | 60 | | | | 60 | 0 | 60 |
| The Oaks at Sweeten Creek Healthcare | 100 | 0 | 100 | | | | 100 | 0 | 100 |
| TOTALS | 1668 | 0 | 1668 | 14 | 0 | 0 | 1682 | 107 | 1575 |

Source: 2008 State Medical Facilities Plan (SMFP)
<http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>

According to the 2008 State Medical Facilities Plan, the nursing care bed inventory included 1668 licensed beds in nursing beds homes and no licensed beds in hospitals for a total of 1168 licensed nursing care beds (not including nursing care beds in state-operated and special care facilities). An additional 14 had received approval from the Certificate of Need (CON) Section, but were not licensed. There were previous need determinations. The "total inventory" was 1575 nursing beds. Exclusions from the inventory have been retained for specialty care units, for out-of-area placements in non-profit religious or fraternal facilities, for one-half of the qualified nursing care beds, and for beds transferred from State Psychiatric Hospitals.

Inventory of Hospice

Buncombe County currently has a 12 bed residential hospice facility (Care Partners/Palliative Care Solace) and no certificate of need awarded. There is also a 15 bed in patient licensed facility (CarePartners/Palliative Care/Solace). According to the 2007 Hospice Data Supplements; 6 hospice home care agencies provided 52,294 days of care to individuals residing in Buncombe County, of those served there were 716 deaths.

Division of Medical Assistance (DMA)

Community Alternatives Program for Disabled Adults (CAP/DA)

| County | Allocation | # Serving | # on Waiting List | FTE | # Referrals Received a month |
|--------------------|------------|-----------|-------------------|----------|------------------------------|
| Brunswick | 70 | 54 | 70 | 3 | 8 |
| Buncombe | 289 | 240 | 144 | 8 & 1 PT | 16 |
| Henderson | 80 | 57 | 0 | 2 | 5 |
| Gaston | 165 | 153 | 58 | 5 | 16 |
| Moore | 108 | 104 | 60 | 3 | 6-8 |
| New Hanover | 150 | 131 | 26 | 7 | 5 |

Source: DMA 2/08

The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid waiver program which provides a package of services to allow adults (age 18 and older) who qualify for nursing facility care to remain in their private residences. The lead agency for CAP/DA is Families Together-Buncombe County Department of Social Services. The county has a total allocation of 289 slots. As of February 2008, the program was serving 240 clients. The CAP/DA consultant noted that the program had recently experienced some deaths and placements which contribute to why there were 49 available slots and 144 individuals on the waiting list.

**Division of Mental Health/Developmental Disabilities/Substance Abuse Services
(DMH/DD/SAS)**

Local Management Entity (LME)

Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse
Services Emergency phone number-910-251-6551

Access Unit Coordinator - Debra Vuocolo (910-251-6613)

Geriatric/Adult Mental Health Specialty Team Leader - Christine Hebert (910-799-7057)

Assessment of Future Needs and Projected Cost Estimates

Communities across North Carolina are faced with increasingly difficult choices and decisions about how to grow, plan for changes, and improve the quality of life for all citizens. The needs of older adults will continue to change and grow as the population increases. Counties across the state have waiting lists for services and inadequate funding. The demand on public funds is certain to continue as the population increases. Because the future interests of older adults, their families, and communities are at stake, we need to assure all towns, cities, and counties within the state are livable and senior-friendly.

Figures and tables in this section:

1. Summary of Assessment of Livable and Senior-Friendliness Concerns
2. Comments from Buncombe County Survey Respondents
3. Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care
4. Comments from Buncombe County Survey Respondents
5. Summary of Need Determination-2008 North Carolina State Medical Facilities Plan
6. Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013
7. Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013
8. Cost Estimates for State/County Special Assistance In-Home (SA/IA) Program through June 30, 2013

Assessment of Livability and Senior-Friendliness by County

The Land-of-Sky Area Agency on Aging provided the information based on surveys and community meetings conducted during the development of the Aging Plan for Buncombe County and feedback from members of the Aging Coordinating Consortium. Those who responded to the survey were asked to identify their 3 highest concerns in each of the 8 components of the livable and senior-friendly frame work. Buncombe County has a highly engaged aging planning leadership committee composed of various stakeholders including older adults. The Buncombe County Livable and Aging-Friendly Community Planning Task Force began in April 2007. This table is part of the *2008-2012 Area Plan for Aging*, developed by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and issues in the county. All the counties identified housing/utilities, transportation, medical alert, and assistive devices/technology as high priorities. Five of the six counties identified preventive care, health care cost, fraud/exploration, and community sensitivity as high concerns. In addition Buncombe County residents identified concerns around air and water quality, dental health, Medicare and Medicaid acceptance, preventive care, financial planning, job opportunities, public benefits counseling, NCcareLINK, abuse and neglect, emergency preparedness and response, volunteerism, care management, information and assistance, senior centers, planning and coordination, program evaluation, and public and private funding sources. Following are the responses and written comments from the survey.

Summary of Assessment of Livability and Senior-Friendliness Concerns by County

| Physical & Accessible Environment | Brunswick | Buncombe | Gaston | Henderson | Moore | New Hanover |
|--|------------------|-----------------|---------------|------------------|--------------|--------------------|
| Air & water quality | | X | | | X | X |
| Driver safety | | | | | | |
| Housing & utilities | X | X | X | X | X | X |
| Land use | | | | | | |
| Neighborhood organization | | | | | | |
| Noise control | | | | | | |
| Recreational facilities | X | | | | | |
| Road safety | | | | | | |
| Shopping | | | | | | |
| Transportation | X | X | X | X | X | X |
| Zoning | | | | | | |
| Other: walkable neighborhoods | | | | X | | |
| Healthy Aging | | | | | | |
| Adult immunization | | | X | | | |
| Dental health | | X | X | X | | |
| Hospitals | | | | | | |
| Leisure | | | | | | |
| Medicare & Medicaid acceptance | | X | | | X | |
| Medications | X | | | | X | |
| Mental health | | | | X | | X |
| Nutrition | | | X | | | |
| Preventive care | X | X | | X | X | X |
| Primary care | | | | | | |
| Rehabilitation | | | | | | |
| Vision & hearing care | | | | | | |
| Wellness & fitness | X | | | | | X |
| Other: | | | | | | |
| Economic Security | | | | | | |
| Age discrimination | | | | | | |
| Financial planning | X | X | | | | |
| Health care cost | X | | X | X | X | X |
| Income | | | | X | | |
| Job opportunities | | X | | | | |
| Job retooling | | | | | | |
| Job training | | | | | | |
| Long-term care cost | X | | X | | X | X |
| Public benefits counseling | | X | | | | |
| Senior-friendly businesses | | | | | | |
| Support of working caregivers | X | | | X | X | |
| Tax credits & exemptions | | | X | | | X |
| Other: In home | | | | X | | |

| Technology | Brunswick | Buncombe | Gaston | Henderson | Moore | New Hanover |
|---|------------------|-----------------|---------------|------------------|--------------|--------------------|
| Assistive & adaptive devices | X | X | X | X | X | X |
| Distance-learning | | | | | | |
| Internet access | | | X | | | |
| Medical alert | X | X | X | X | X | X |
| NCcareLINK | | X | | X | | X |
| Tele-medicine | | | | | | |
| Telephone & cell phone access | X | | X | | X | X |
| Other: | | | | | | |
| Safety & Security | | | | | | |
| Abuse & neglect | X | X | | X | | |
| Domestic violence | | | | | | |
| Emergency preparedness & response | X | X | | X | X | |
| Fire safety | | | | | | |
| Fraud & exploitation | X | X | X | | X | X |
| Outreach to isolated & vulnerable | X | | X | X | X | X |
| LTC residents' rights | | | X | | | |
| Other: | | | | | | |
| Social & Cultural Opportunity | | | | | | |
| The Arts | | | | | | |
| Community sensitivity | | X | X | X | X | X |
| Cultural & social programs | X | X | X | | X | |
| Intergenerational relations | | | | X | | |
| Libraries | | | | | | |
| Lifelong learning | X | | X | | | |
| Media | | | | | | |
| Racial, ethnic, and linguistic diversity | | | | X | | |
| Spiritual growth | | | | | | |
| Volunteerism | X | X | | | X | X |
| Other: | | | | | | |
| Access/Choice in Services & Supports | | | | | | |
| Care management | | X | | X | | |
| Caregiver support | | | X | X | X | X |
| Drug assistance | X | | | | X | |
| End-of-life care | | | | | | |
| Grandparents-raising-grandchildren | | | | | | |
| Guardianship | | | | | | |
| Home & community services | X | | X | X | X | |
| Information & assistance (I&A) | | X | | | | |
| Legal services | | | | | | |
| Long-term care facilities | | | X | | | |
| Senior centers | X | X | X | | | |
| Other: | | | | | | |

Comments from Buncombe County by Survey Respondents

| Area | Comments |
|---|--|
| Physical & Accessible Environment | |
| Air & water quality | |
| Housing & utilities | |
| Transportation | |
| Healthy Aging | |
| Dental health | |
| Medicare and Medicaid acceptance | |
| Mental health | Very close to top 3 |
| Preventive care | |
| Economic Security | |
| Financial planning | As a sub-set of financial planning, money management is also very important |
| Job opportunities | |
| Public benefits counseling | |
| Technology | |
| Assistive & adaptive devices | |
| Medical alert | |
| NCcareLINK | 2-1-1 is a great resource, but needs to be better understood and marketed to older adults |
| Safety & Security | |
| Abuse & neglect | |
| Emergency preparedness & response | |
| Fraud & exploitation | |
| Outreach to isolated & vulnerable | A close 4th |
| Social & Cultural Opportunity | |
| Community sensitivity | |
| Cultural & social programs | Identified as the highest priority area. 1. Expand availability of daytime cultural programs for older adults. |
| Volunteerism | 2. Train non-profits in recruitment and retention of older adult volunteers, particularly in utilizing skills of older adults in professional roles. |
| Access & Choice in Services & Supports | |
| Care management | |
| Information & assistance (I&A) | |
| Senior centers | Expand concept of senior center to more of a community center, but also embrace ADRC concept. |
| Public Accountability & Responsiveness | |
| Planning & coordination | |
| Program evaluation | |
| Public & private funding sources | |

Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care and Residential Care by county

The Land-of-Sky Area Agency on Aging sought the input from members of the Buncombe Aging Consortium and the Aging Plan Task Force to assess the barriers of each county in the development of a comprehensive and coordinated system for supportive services, nutrition services, multipurpose senior centers, health care, and residential care by county. The respondents were asked to identify the three highest concerns for each of the eight service categories in the livable and senior-friendly framework. This table is part of the *2008-2012 Area Plan for Aging*, developed by each of the Regional Area Agencies on Aging. An X denotes high priority need of programs, services, and issues in the county. All the counties transportation, home-delivered meals were identified as barriers to developing comprehensive and coordinated system for supportive services. Five of the six counties, including Buncombe, identified dental care and mental health counseling as key issues. In addition, Buncombe County identified barriers across supportive services, health care, and residential care. Medicare deductible issues, Medicare Part D counseling, affordable housing, and dementia specific care were added as high priority areas. Following are the responses and written comments from the survey.

Summary of Assessment for Developing Comprehensive and Coordinated System for Supportive Services, Nutrition Services, Multipurpose Senior Centers, Health Care, and Residential Care by County

| Supportive Services | Brunswick | Buncombe | Gaston | Henderson | Moore | New Hanover |
|---|------------------|-----------------|---------------|------------------|--------------|--------------------|
| Adult day care | X | X | | | X | |
| Adult day health care | | X | X | | X | |
| Adult placement services | | X | | | | X |
| Benefits counseling | | | | | | |
| Care management | | X | | X | | |
| Emergency preparedness plans | X | | | X | | |
| Energy assistance | | X | X | | | |
| Family caregiver counseling | | X | | X | | X |
| Family caregiver training | | | | | X | |
| Financial counseling | | X | | X | | |
| Guardianship | | | | | | |
| Housing and home improvement | X | | | X | | |
| In-home aide (homemaker) | | X | | X | X | |
| In-home aide (personal care) | | X | | X | X | |
| Information & assistance | | X | | X | | |
| Job training & placement for older workers | | X | | | | |
| Legal assistance | | | | | | |
| Personal & family counseling | | | | | | |
| Respite (in-home, group, and institutional/overnight) | | X | X | | X | |
| Senior companion | | | | | | |
| Transportation-general | X | X | X | X | X | X |
| Transportation-medical | X | X | X | | | |
| Volunteer program | | | | | | |
| Other: Medicaid deductible issue | | X | | | | |
| Other: Part D counseling | | X | | | | |
| Nutrition | | | | | | |
| Congregate nutrition | X | | | X | | |
| Home-delivered meals | X | X | X | X | X | X |
| Nutrition counseling | X | | | X | X | X |
| Nutrition education | | | | | | X |

| Senior Centers | Brunswick | Buncombe | Gaston | Henderson | Moore | New Hanover |
|--|------------------|-----------------|---------------|------------------|--------------|--------------------|
| Senior Centers | X | X | | X | | X |
| Health Care | | | | | | |
| Dental care | | X | X | X | X | X |
| Health promotion | | X | | | | |
| Health screening | X | | | | | X |
| Home health/Skilled nursing | | X | | | | |
| Hospice | | | | | | |
| Medication management/counseling | | X | X | X | X | |
| Mental health counseling | X | X | X | X | | X |
| Primary Health Care | X | X | | | X | X |
| Residential Care | | | | | | |
| Assisted Living/Adult Care Homes | X | | | | X | |
| CAP/DA | X | X | | | X | X |
| Nursing facility care | | | X | | | X |
| SA In-Home Option | X | | | | X | X |
| Other: Affordable housing alternatives | | X | | | | |
| Other: Dementia Specific Care | | X | | | | |

Comments from Buncombe County Survey Respondents

| Supportive Services | Comments |
|---|--|
| Adult day care | Recently expanded capacity to 70, but up to ten on waiting list at times |
| Adult day health care | Recently expanded capacity to 70, but up to ten on waiting list at times |
| Adult placement services | New screening form (MOST) may result in persons needing placement but being unable to get the screening done. |
| Care management | Need more affordable care management services |
| Energy assistance | Need always exceed resources |
| Financial counseling | Plus ongoing money management, assistance with paying bills |
| In-home aide (personal) | Medicaid PCS regs have become so strict that many people in need of the service are ineligible, or get so few hours that their needs are not met. |
| Information & assistance | 2-1-1 is good, but need to increase community awareness |
| Job training & placement for older workers | Will continue to be a growing need |
| Respite (in-home, group, and institutional/overnight) | There are almost no nursing homes willing to provide the service. Part of the reason is that Medicaid makes it very hard for them to claim reimbursement. |
| Transportation-medical | So many elderly folks need the assistance of a person to take them to the doctor, help them into the office, and accompany them during appointments |
| Other: __ Medicaid deductible issue | If a person has over \$851 gross monthly income, that person can get CAP services only by paying a deductible each month. Anyone just above the poverty level is effectively ineligible for in-home services through Medicaid. |
| Other: Part D counseling | Organizations need to be financially supported to provide this service. |
| Home-delivered meals | Current waiting list due to need for volunteer drivers |
| Senior Centers | Or community centers that offer more programs appropriate for older adults |
| Other: Primary/Geriatric Health Care | Strong need for improved training and understanding of the needs of older adults |
| Other: Affordable Housing Alternatives | Need for greater regulatory flexibility in order to more easily develop concepts like the Green House |

Division of Health Services Regulation

Summary of Need Determination-2008 North Carolina State Medical Facilities Plan

| County | Adult Care Home Beds | Nursing Home Beds | Home Health Agencies or Offices | Hospice Home Care Offices | Inpatient Hospice Beds |
|-------------|----------------------|-------------------|---------------------------------|---------------------------|------------------------|
| Brunswick | 0 | 0 | 0 | 0 | 7 |
| Buncombe | 0 | 0 | 0 | 0 | 0 |
| Gaston | 0 | 0 | 0 | 0 | 7 |
| Henderson | 0 | 0 | 0 | 0 | 7 |
| Moore | 0 | 0 | 0 | 0 | 0 |
| New Hanover | 0 | 0 | 0 | 0 | 0 |

The Division of Health Service Regulation (DHSR) established in the 2008 State Medical Facilities Plan (SMFP) that there is no need for additional adult care home beds, nursing home beds, home health agencies, hospice care offices, or inpatient hospice beds in Buncombe County. There were no substantial changes in the application of the need methodology from that used in the North Carolina 2007 State Medical Facilities Plan. Detailed information about the methodology used by DHSR in determining need is available at <http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>.

Cost Estimates for Selected Home and Community Care Block Grant Services through June 30, 2013

Buncombe County

The projection of costs to provide community-based aging services through the Home and Community Care Block Grant (HCCBG) reflects services most in demand based on the DAAS waiting lists for services and the projected growth of age 60 and over population, as projected by the State Data Center. The projected percentile growth in annual service costs takes into account that at least 2.5% funding growth is required to maintain current service levels plus the projected growth in age 60 and over population.

| Buncombe | 2008 07 co. exp | 2009 service \$ est. | 2010 service \$ est. | 2011 service \$ est. | 2012 service \$ est. | 2013 service \$ est. | 2008-2013 service \$ est. | 2008-2013 service \$ est. % | 2008-2013 60+ est. % |
|----------------------------------|--------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|-------------------------|
| Home Del. Meals | \$59,763 | \$63,002 | \$66,297 | \$69,625 | \$73,427 | \$77,304 | \$17,541 | 29.35% | |
| Adult Day Care | \$24,924 | \$26,275 | \$27,649 | \$29,037 | \$30,622 | \$32,239 | \$7,315 | 29.35% | |
| Med. Transport. | \$157,164 | \$165,682 | \$174,347 | \$183,099 | \$193,096 | \$203,291 | \$46,127 | 29.35% | |
| Case Assistance | \$36,346 | \$38,316 | \$40,320 | \$42,344 | \$44,656 | \$47,014 | \$10,668 | 29.35% | |
| In-Home Aide L 1 | \$407,147 | \$429,214 | \$451,662 | \$474,335 | \$500,234 | \$526,646 | \$119,499 | 29.35% | |
| In-Home Aide L 2 | \$215,402 | \$227,077 | \$238,953 | \$250,948 | \$264,650 | \$278,624 | \$63,222 | 29.35% | |
| Home Improv. | \$50,000 | \$52,710 | \$55,467 | \$58,251 | \$61,432 | \$64,676 | \$14,676 | 29.35% | |
| Adult Day Health | \$87,844 | \$92,605 | \$97,448 | \$102,340 | \$107,928 | \$113,627 | \$25,783 | 29.35% | |
| Gen. Transport. | \$165,596 | \$174,571 | \$183,701 | \$192,923 | \$203,457 | \$214,200 | \$48,604 | 29.35% | |
| Sen. Companion | \$21,007 | \$22,146 | \$23,304 | \$24,474 | \$25,810 | \$27,173 | \$6,166 | 29.35% | |
| Total | \$1,225,193 | \$1,291,598 @5.42% | \$1,359,149 @5.23% | \$1,427,376 @5.02% | \$1,505,311 @5.46% | \$1,584,794 @5.28% | \$359,601 | 29.35% | 14.71% |
| Projected total cost incr | | \$66,405 | \$67,551 | \$68,227 | \$77,935 | \$79,483 | | | |
| 60+ estimate | 48,324 | 49,736 | 51,093 | 52,382 | 53,931 | 55,432 | | | |
| Projected 60+ pop incr | | 1,139 | 1,158 | 1,289 | 1,549 | 1,501 | | | 7,108 |

Source: Division of Aging and Adult Services

The cost estimates of the selected Home and Community Care Block Grant services from 2008-2013 indicate an increase of 29%. Considering the projected demographics of the oldest-old in the county by 2030, there will be a dramatic increase in the cost and need for an array of long-term services and supports.

Cost Estimates for State Adult Day Care Fund and State In-Home Fund Services through June 30, 2013

Buncombe County

The State Adult Day Care Fund (SADCF) and the State In-Home Fund serve adults over the age of 18. However, over 85% of those served are age 50 and over. 54.25% of the SADCF funds awarded to counties are federal SSBG funds and the remaining 45.75% are state appropriations. 100% of funding State In-Home funding awarded to counties is federal SSBG. The projected percentile growth in annual services costs takes into account that at least 2.5% annual funding growth is required to maintain current services levels plus the projected growth in over age 50 populations.

| Buncombe | 2008 Expended | 2009 Award | 2010 Award | 2011 Award | 2012 Award | 2013 Award | 2008-2013 Service \$ Est. | 2008-2013 Service \$ Est. % | 2008-2013 50+ Est. % |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------------------|--------------------------------|-------------------------|
| SADCF | \$120,205 | \$125,879 | \$131,795 | \$137,884 | \$144,378 | \$151,178 | \$30,973 | 25.77% | |
| State In-Home | \$27,267 | \$28,554 | \$29,896 | \$31,277 | \$32,750 | \$34,293 | \$7,026 | 25.77% | |
| Total | \$147,472 | \$154,433 | \$161,691 | \$169,161 | \$177,128 | \$185,471 | \$37,999 | 25.77% | 11.46% |
| | | 4.72% | 4.70% | 4.62% | 4.71% | 4.71% | | | |
| 50+ estimate | 81,216 | 83,022 | 84,852 | 86,653 | 88,566 | 90,523 | | | |
| Projected total cost incr | | \$6,961 | \$7,258 | \$7,470 | \$7,967 | \$8,343 | | | |
| Projected 50+ pop incr | | 1,806 | 1,830 | 1,801 | 1,913 | 1,957 | | | 9,307 |

Source: Division of Aging and Adult Services

The cost estimates of the State Adult Day Care and the State In-Home Funds between 2008 and 2013 indicate an increase of 26%.

Cost Estimates for State/County Special Assistance In-Home (SA/IH) Program through June 30, 2013

| County | 2007-2008 | 2008-2009 | 2010-2011 | 2012-2013 | % Change 2007-2013 |
|--------------------|-----------|-----------|-----------|-----------|-----------------------|
| Brunswick | | | | | |
| In-Home | NA | NA | NA | NA | NA |
| Buncombe | | | | | |
| In-Home | \$112,628 | \$220,210 | \$430,555 | \$841,821 | 647.4 |
| Gaston | | | | | |
| In-Home | \$113,794 | \$198,036 | \$344,642 | \$599,780 | 427.1 |
| Henderson | | | | | |
| In-Home | \$138,274 | \$172,013 | \$213,984 | \$266,196 | 92.5 |
| Moore | | | | | |
| In-Home | \$78,555 | \$138,037 | \$242,558 | \$426,224 | 442.6 |
| New Hanover | | | | | |
| In-Home | \$113,405 | \$152,314 | \$204,573 | \$274,762 | 142.3 |

NA denotes not available

The State/County Special Assistance In-Home Program is projected to have significant growth of 647% increase between 2007 and 2013. This is the highest of all six counties.

Division of Services for the Blind

Funding and resources for transportation services for older blind and visually impaired individuals need to be dramatically increased statewide. Additionally, more accessible and affordable housing and long-term care facilities are needed. Access to public transportation should be considered prior to their development.

Additional funding is needed for the DSB Independent Living Services as the population and needs of older adults in these counties increases. Brunswick County continues to be a desirable area for seniors retiring, and funding for in-home aide services are needed to meet the demands of daily living for the blind and visually impaired.

The DSB Independent Living Program for Older Adults Who Are Blind is currently funded by a federal grant and matching state funds. This program received expansion budget funds for the first time in State Fiscal Year 2007-08. The additional funding has enabled DSB to add three Independent Living Rehabilitation Counselors, and one Assistive Technology Instructor position with remaining money going to case services. DSB did not receive the full amount of expansion budget funds requested. Given that the major causes of vision loss - cataracts, macular degeneration, glaucoma, and diabetic retinopathy become more prevalent among older people, DSB expects the need for the specialized services and training it provides to grow as the aging population in the state increases.

Appendix

The Buncombe County Aging Plan (2008-2012)

The Maturing of America-North Carolina Survey Responses

References for Buncombe County Profile



THE BUNCOMBE COUNTY AGING PLAN (2008-2012)

Presented By:

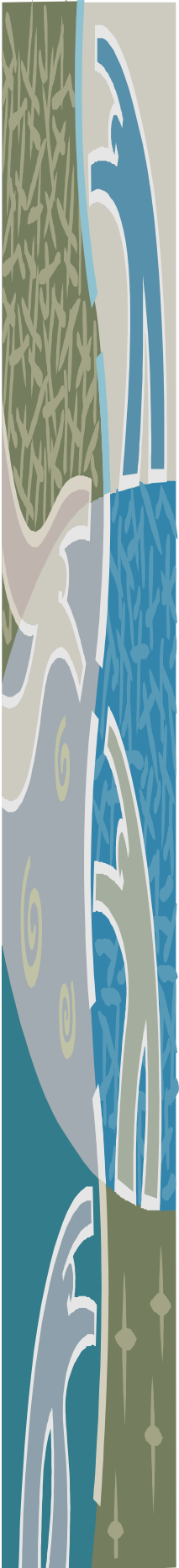
*The “Livable, Aging-Friendly
Community”*

Planning Task Force
of the Buncombe County
Aging Coordinating Consortium

To:

The Buncombe County
Board of Commissioners

April 8, 2008



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PART I: EXECUTIVE SUMMARY

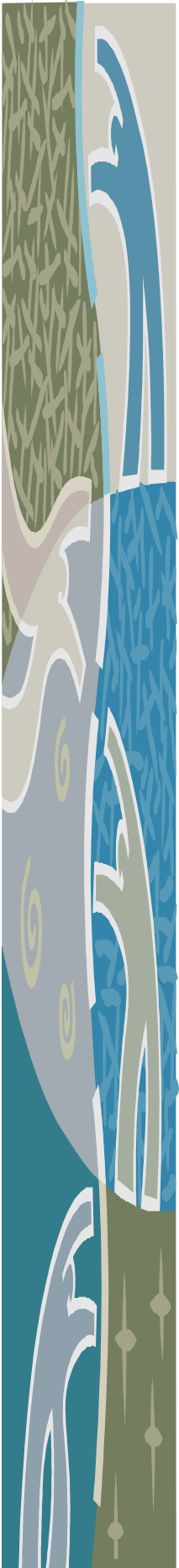
The Buncombe County Aging Plan (2008-2012) is the product of the **Livable, Aging-Friendly Community Planning Task Force** of the Buncombe County Aging Coordinating Consortium (ACC). This timely, comprehensive, and long-range plan is situated within a larger context of planning efforts at the state, federal, and even global levels. This plan was developed over a one-year period from April 2007 through March 2008. It reflects the combined efforts of over 500 individuals, including professionals, aging-services providers, volunteer older adults, and other community members.

The Aging Plan offers a vision for a **livable, aging-friendly Buncombe County** in which:

- Home and community environments are safe and support self-sufficiency for older adults and caregivers;
- A health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults;
- Resources, services and opportunities support and enhance the financial well-being of older adults and caregivers;
- Life enrichment opportunities engage older adults with people, places and programs;
- Living environments (built and natural) support and enhance the functioning of older adults;
- A collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

These six goals are comprised of eighteen (18) subordinate objectives, each with specific recommendations. In addition, three key themes emerged: **Awareness, Accessibility, and Advocacy**. These themes tie the specific recommendations in the Aging Plan together. In order to adequately implement the recommendations of this Plan, it is critical that Buncombe County build its capacity to address these “A’s.”

With the current median age of 43 in Buncombe County (*Buncombe Life: Your County Resource Guide, fall/winter '07*) half of our population are “boomers” or older. This demographic demands a sense of urgency in changing the ways we address the needs of older adults in our community. Cooperation and



collaboration will be required to keep our services in synch with the growing number of aging residents.

Nothing less than a paradigm shift in our views of aging is needed. This shift would represent a dramatic departure from 'business as usual' in terms of how we think about aging and planning for older adults. We must challenge the perception that aging is a disease, build broad community support for the importance of healthy lifestyles, and promote awareness that planning for one's later years begins long before age 65. We must also recognize that older adults bring significant economic and civic assets to our community.

The Task Force asserts that an on-going, focused, collaborative effort is needed to effectively implement this plan, review and evaluate outcomes, and sustain the planning process.

We urge the Buncombe County Board of Commissioners to endorse this Plan and provide funding for coordinating its implementation.

"The needs of older adults are often interrelated [and] may require a completely new comprehensive, holistic approach to service delivery, organization and management...Those communities who have already begun to test their 'aging readiness' are now reaching out to their older citizens to engage them in discussions about what changes...may be needed to enhance their quality of life and ensure that they can grow old successfully in the community."

~The Maturing of America: Getting Communities on Track for an Aging Population
<http://www.n4a.org/pdf/MOAFinalReport.pdf>



PART II: BACKGROUND AND CONTEXT

The work of the Livable Aging-Friendly Community Task Force takes place within a larger context of planning efforts to address the needs of older adults. Furthermore, the local and global demographic contexts underlie the importance of this work.

The Labor Ministers in the 2000 G8 Turin Charter “Toward Active Ageing,” concluded:

We are convinced that

- *the ageing of our societies will create new opportunities as well as challenges;*
- *there is nothing inevitable about the impact of ageing on society;*
- *older people represent a great reservoir of resources for our economies and societies.*

Therefore, we agree that, through concerted efforts, coherent strategies and enhanced partnership with all actors concerned, we can reap the economic and social benefits resulting from increased activity of older people

(<https://tspace.library.utoronto.ca/bitstream/1807/657/2/ageingnov2000.htm>).

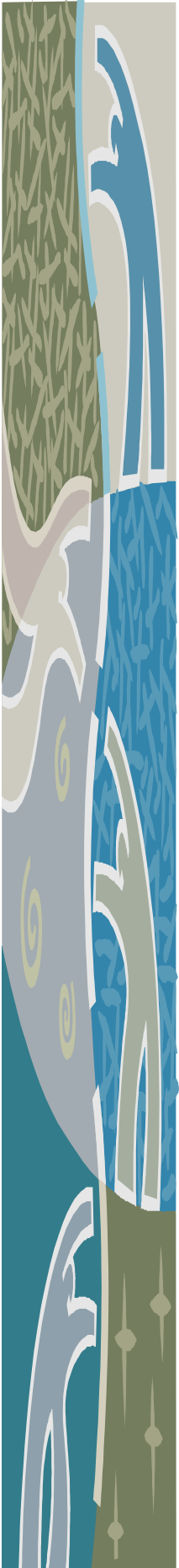
Federal, State and Local Contexts

With the passage of the Older Americans Act in 1965, the United States embarked on a deliberate effort to plan for meeting the needs of older adults at the federal, state and local levels. The Act created the Administration on Aging, and authorized grants to States for planning and service delivery programs.

The North Carolina Division of Adult and Aging Services refers to the *calm before the storm* when it states, in its Report to the North Carolina General Assembly on Recommendations for a Statewide Aging Study (2008), “North Carolina is beginning to experience a major shift in its age demographic” (p. 3). In its summary report to the 2005 White House Conference on Aging, North Carolina committed to establishing itself and its communities as livable and senior-friendly. Working in partnership with Area Agencies on Aging, the NC Division of Aging and Adult Services provided planning and assessment tools and a vision for a Livable and Senior-Friendly Community:

A livable and senior-friendly community offers a wide range of social and economic opportunities and supports for all citizens, including seniors; values seniors’ contributions to the community; promotes positive intergenerational relations; considers the needs and interests of seniors in physical and community planning; respects and supports seniors’ desire and efforts to live independently; and, acknowledges the primary role that families, friends, and neighbors play in the lives of older adults

(<http://www.dhhs.state.nc.us/aging/sfcmain.htm>).



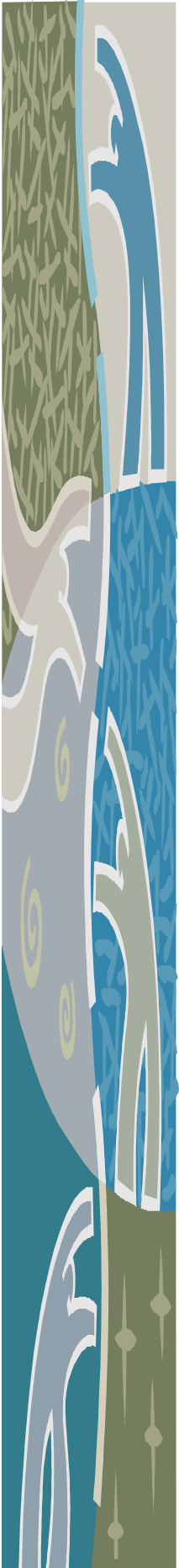
The Buncombe County Aging Coordinating Consortium (ACC) is a volunteer organization that provides a structure for agencies, funders, and individuals to work together to plan, promote and advocate for services for the older adults of Buncombe County. Among the ACC's key tasks are the assessment of needs and, subsequently, the development of a plan for coordinated aging services. This specifically has taken the form of a five year strategic Aging Plan. The plan serves to advise the Buncombe County Commissioners on the effective allocation of State and Buncombe County funds and to guide the provision of services to older adults. Early in 2007, the ACC agreed to apply the NC Division of Aging and Adult Services concept of a livable and senior-friendly community in developing its 2008-2012 Aging Plan for Buncombe County.

Demographic and Economic Impact

Adults age 60+ are the fastest growing segment of North Carolina's population due to decreasing birth rates, in-migration of retirees, the Boomers, and improved life expectancies. The projected growth of the total population of adults age 60+ in North Carolina is expected to grow from 16% in 2005 to 23% by 2030.

The changes will be even more dramatic in Buncombe County. The total population in our county is expected to grow from 217,000 to 285,000, and the number of individuals age 60+ is expected to nearly double (see Figure 1). In 2005 the percentages of the total population of those age 60+ and those 17 and younger were almost the same. However, it is projected that in 2030, the percentage of the population age 60+ will grow significantly, while the percentage of the population age 17 and younger will actually decrease (see Figure 2).

Because of this growth, Buncombe County is one of six counties in North Carolina named in NC Senate Bill 448 (enacted in 2007). This bill directs the Department of Health and Human Services, Division of Aging and Adult Services to "assess program and service levels and needs for older adults" in, among others, Buncombe County. The intent of this legislation is to understand how communities can best prepare for the changing aging demographic. Buncombe County has the opportunity to be a model not only in North Carolina, but nationally as well. In fact, Bill 448 reports already include work from the Buncombe County *Livable, Aging-Friendly Task Force* (<http://www.ncdhhs.gov/aging/demographic/agingstudy.htm>).



Data suggest that North Carolina, and Buncombe County specifically, will experience a growing – and disproportionate – aging population that will require an expanded level of resources, supports and services. However, it is important to recognize that the older adult population is a significant and vital part of our local economy. For instance, their local economic impact includes: cultural, recreational and tourism spending; home construction and property taxes; and expenditures for health care. In 2006, state-supported funding for services associated with older adults brought \$74 million to Buncombe County*. An additional \$32.1 million was received in Social Security payments**; Medicare provided over \$240 million to health care providers***; and Medicaid providers received over \$40 million for their services to older adults****. Dollars received through public funding are generally dollars spent locally; these funds impact a broader cross section of our county's overall economy than just older adults. The impact of the older adult population on our economy should not be underestimated.

(*North Carolina Division of Aging & Adult Services, County Data Package, February 2008; **US Social Security Administration, Beneficiaries by State and County, 2006; ***US Census Bureau Consolidates Federal Funds Report, FY 2005; ****NC Division of Medical Assistance Report to NC Division of Aging, August 2007)

The Labor Ministers in the 2000 G8 Turin Charter "Toward Active Ageing," state:

Older people are an asset to society. They should have the possibility of developing and using their potential to lead active, independent and fulfilling lives. A central challenge is to promote a culture that values the experience and knowledge that come with age. Policies oriented toward facilitating and supporting the participation of older people in economic and social life can contribute significantly to the goals of economic growth, prosperity and social cohesion in all countries.

(<https://tspace.library.utoronto.ca/bitstream/1807/657/2/ageingnov2000.htm>).

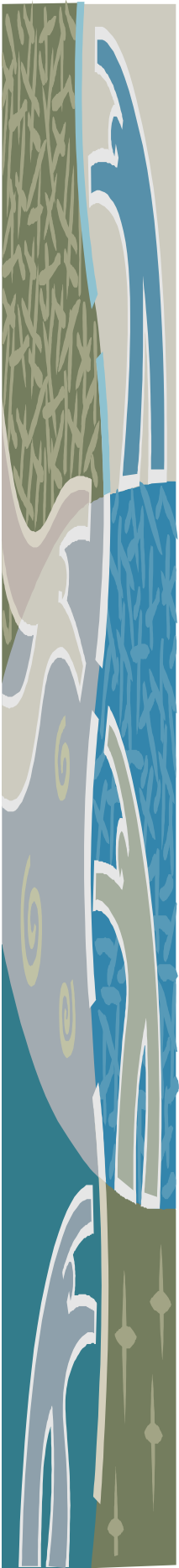


Figure 1 (Based information from the North Carolina Data Center)

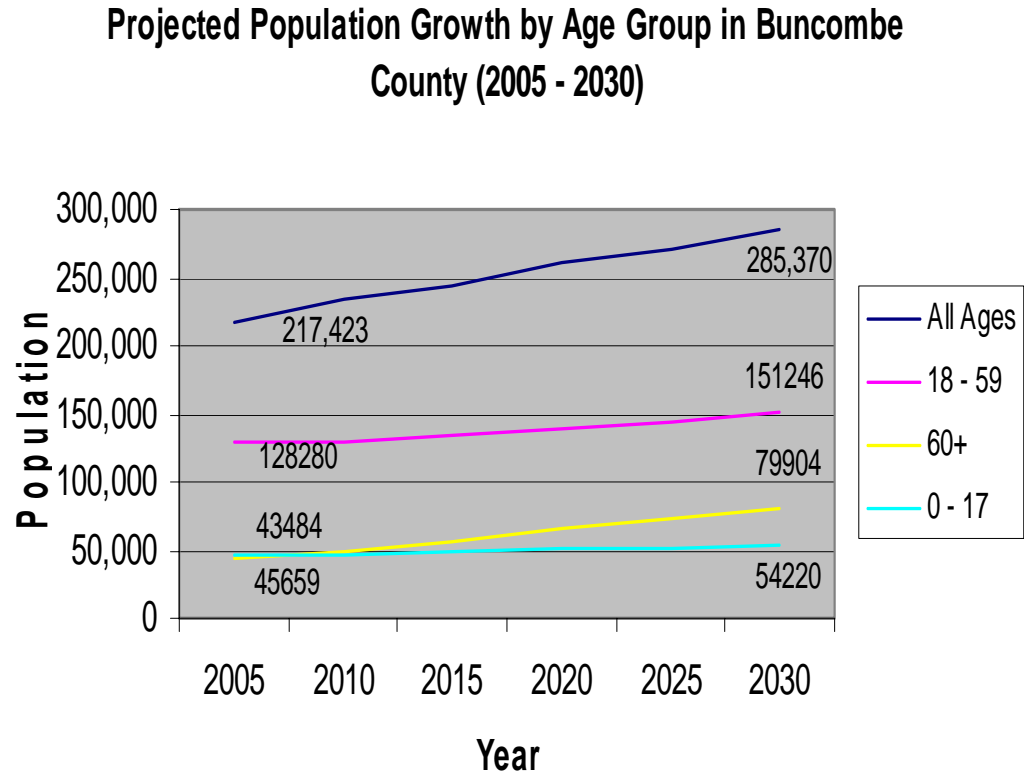
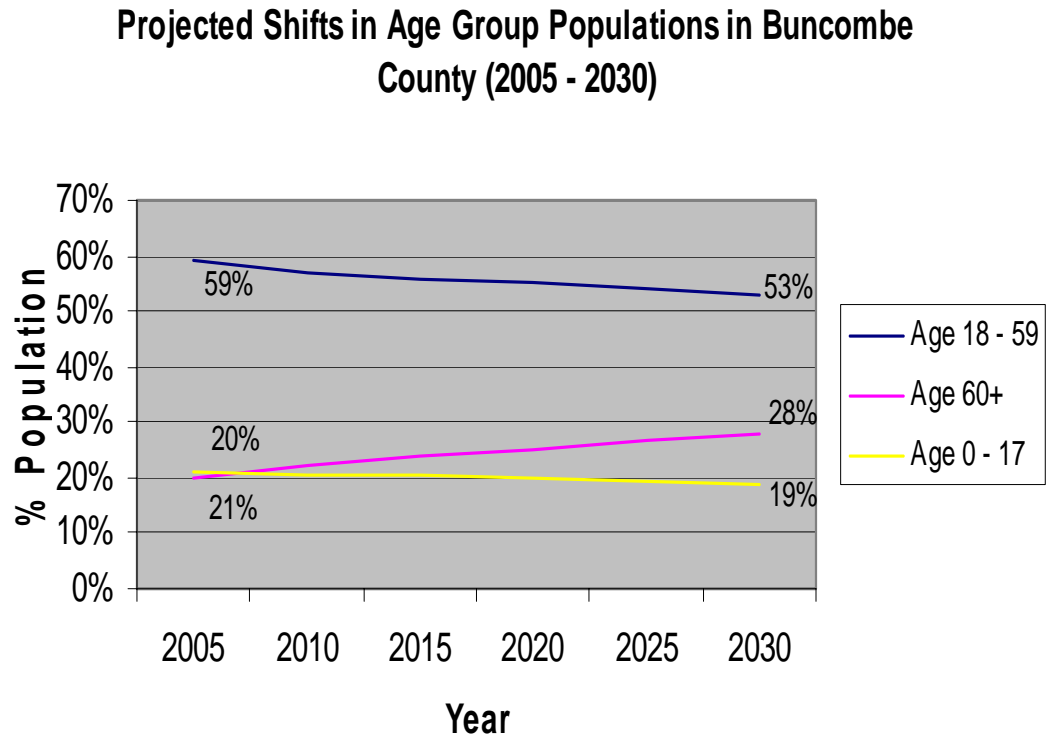


Figure 2 (Based on information from the North Carolina Data Center)





PART III: PLANNING PROCESS

The ***Livable, Aging-Friendly Community Planning Task Force*** was formed in April, 2007 and was charged with providing leadership for a broad-based, inclusive and collaborative planning process that would promote a livable, aging-friendly community for Buncombe County. This work expands upon previous planning efforts in several significant ways. Namely, it:

- Casts a broader, more comprehensive planning scope, rather than simply focusing on services for older adults;
- Ensures that participation in the planning process reflects the diversity in our community;
- Elicits broad community support by seeking innovative collaboration and community validation from key stakeholders and partners;
- Creates an efficient and effective planning process; include evaluation throughout the plan's lifecycle to ensure a sustainable planning infrastructure and model;
- Recommends outcomes-based changes or evidence-based results that will promote a livable, aging-friendly community.

The Planning Framework that was developed by the Task Force to guide its process may be found in Appendix A.

Frameworks

The Task Force embraced the North Carolina Division of Aging and Adult Services planning framework of “Livable, Senior-Friendly Communities” and identified six components that frame its vision for Buncombe County:

In a livable, aging-friendly Buncombe County...

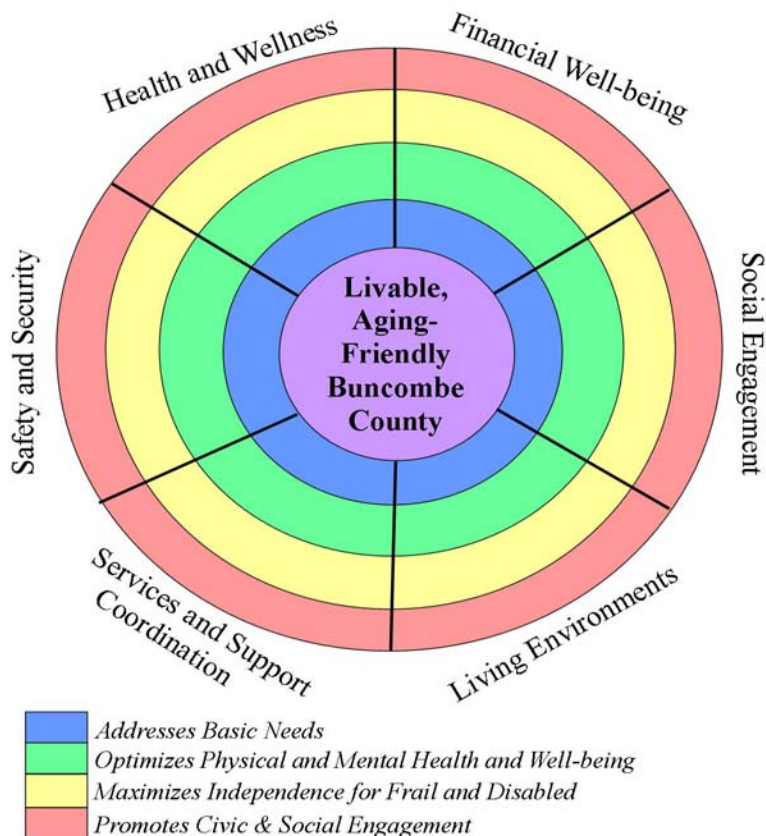
- **Safety and Security**...home and community environments are safe and support self-sufficiency for older adults and caregivers.
- **Health and Wellness**...the health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults.
- **Financial Well-being** ...resources, services and opportunities support and enhance the financial well-being of older adults and caregivers.
- **Social Engagement**...life enrichment opportunities engage older adults with people, places and programs.

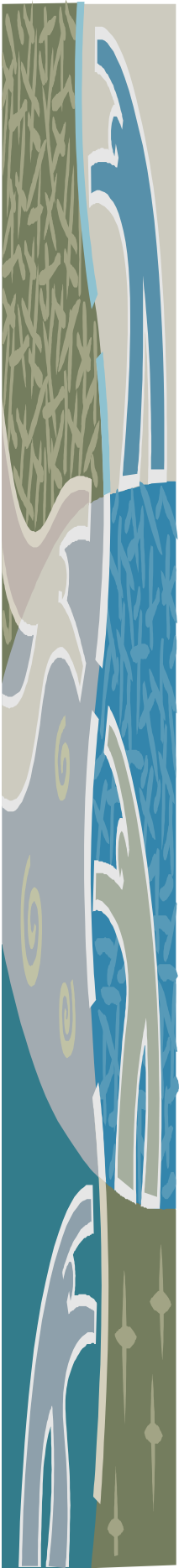
- **Living Environments**...the living environments (built and natural) support and enhance the functioning of older adults.
- **Service and Support Coordination**...a collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

The Task Force also utilized the AdvantAge Initiative model to further frame the evaluation of older adults' needs, available resources, and gaps in service delivery in Buncombe County (see <http://www.vnsny.org/advantage/>). This model emphasizes 1) addressing basic needs, 2) promoting social and civic engagement, 3) optimizing physical, mental health and well-being, and 4) maximizing independence for frail and disabled older adults (see Figure 3).

Figure 3.

Components of a Livable Aging-Friendly Buncombe County, NC





Task Force

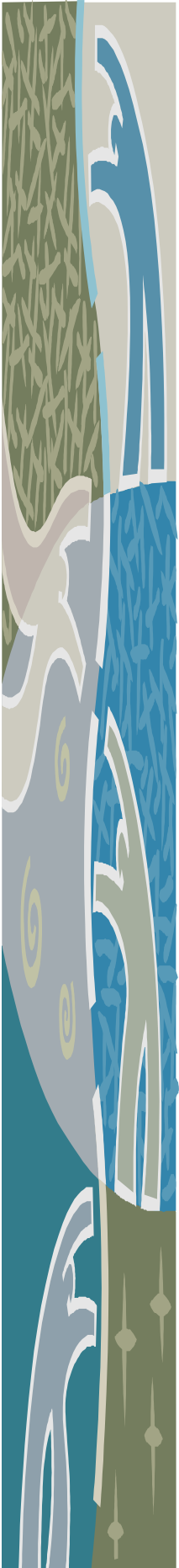
The **Task Force**, endorsed by the Buncombe County Board of Commissioners, was made up of members of the standing Aging Coordinating Consortium (ACC) Planning Committee and community members who offered expertise in community planning and/or one of the six major goals of the vision. The Task Force included a Chair, a Steering Team, an Executive Team, six Work Team Chairpersons, and two At-large Community Members. It benefited greatly from the participation of the Social Work Program Director on sabbatical from Warren Wilson College (WWC), and a senior social work major serving as research assistant. Each of the six Work Teams Chairs recruited community members whose interests and areas of expertise reflected their specific focus (see Appendix B for a complete roster of the Task Force).

The **Steering Team** was composed of the Task Force Chair, ACC Planning Committee members, the regional Area Agency on Aging (AAA) Director, and the WWC Social Work Program Director. The responsibilities for this team included:

- Developing the vision and guiding principles and frameworks;
- Establishing initial components of the vision, including their scope and focus;
- Providing resources and support to the Work Teams;
- Promoting community awareness of the Aging Plan;
- Ensuring a sustainable planning process.

The Task Force **Executive Team** was a subset of the Steering Team and consisted of the Chair, the AAA Director, the WWC Social Work Program Director and research assistant. This team met frequently between Task Force meetings to keep the planning process moving along. This included:

- Creating Task Force meeting agendas;
- Preparing material for the Work Teams;
- Planning, scheduling and conducting community meetings;
- Developing and distributing community and provider surveys;
- Presenting the work of the Task Force to various stakeholders;
- Writing, formatting and compiling the Aging Plan report and accompanying materials.



The six **Work Teams** were chaired or co-chaired by members of the Task Force, and included between 4 and 11 individuals who brought expertise and experience to the planning process in each of the six component areas (e.g., Financial Well-being).

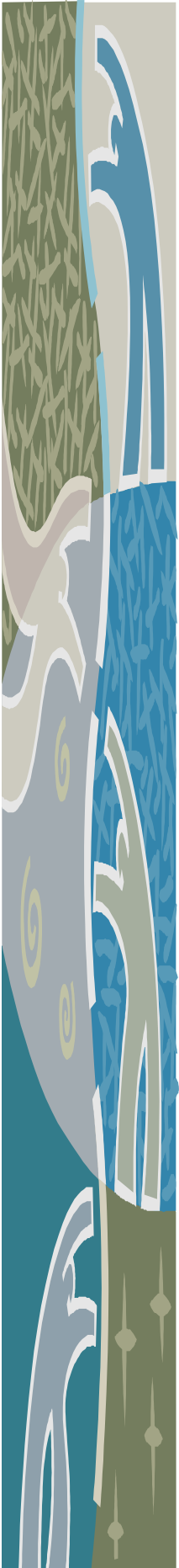
Responsibilities included:

- Defining the scope and focus of their component area;
- Analyzing and synthesizing data and information;
- Determining projected needs of the current population age 60 and older;
- Assessing the community's capacity to meet projected needs of Boomers;
- Identifying and evaluating available resources, services and opportunities as well as gaps and barriers;
- Identifying best practices and model programs;
- Preparing recommendations specific to their component area.

Community Input

Informing the work of the Task Force was input from community members gathered via meetings and surveys. Twelve (12) **community meetings** were held between June and September 2007 at various locations throughout Buncombe County. One hundred and seventy-six individuals (176) attended the meetings. General, open-ended discussion centered on information about needs and resources; participants were encouraged to consider their own needs as well as the needs of those for whom they know or care (See Appendix C for information about Community Meetings).

In addition, a **community survey** was conducted during September 2007. One thousand (1,000) paper copies were distributed at senior housing communities and congregate meal sites, and via faith communities and other service providers. The survey was also made available on the Land of Sky Regional Council website. Publicity about the survey included media releases and information on the Buncombe County and Land of Sky Regional Council websites. Buncombe County also produced a Public Service Announcement that was aired on BCTV and URTV channels during September. Two-hundred and twelve (212) surveys were completed (see Appendix D for information about Community Survey).



Service providers gave input to the plan at the September ACC meeting and via a survey during the month of September. Seventy individuals attended the ACC meeting or responded to the survey (see Appendix E for Service Provider Survey).

Ultimately, this plan reflects the combined efforts of:

- 62 business professionals, experienced aging-service providers, and volunteer older adults who participated as members of the Task Force and/or one of its six Work Teams;
- 176 community members who attended one of 12 community meetings held throughout Buncombe County;
- 212 community members who completed a survey; and,
- 70 experience aging-service providers who attended the September, 2007 meeting of the Aging Coordinating Consortium and/or completed a survey.



PART IV –RECOMMENDATIONS AND OUTCOMES

Key Terms and Underlying Values

Early in its work, the Task Force defined key terms and clarified underlying values used and reflected throughout this report. The Task Force elected to use the term “**older adults**” to refer to individuals age 60+. Similarly, the term “**aging-friendly**” is preferred over “senior-friendly” as more inclusive, recognizing that individuals age throughout their lifetimes at different rates. The needs of older adults are in many cases similar to the needs of other community members. For example, a parent pushing a child’s stroller, a young adult in a wheelchair, and an older adult with a walker all need safe pathways. The terms “**services**,” “**resources**” and “**providers**” are used in their most inclusive sense, referring to both formal and informal entities ranging from health care and social service providers to neighborhood leaders, faith communities pastoral ministers, and other community leaders.

The Task Force believes that the values reflected within this report demand nothing less than a paradigm shift in our views of aging is needed. We must recognize **aging as a dynamic process** that requires considering the whole person at every age and at every stage of life. Furthermore, we must challenge the perception that aging is a disease. Older adults contribute greatly to the vitality of our community by offering their experiences, knowledge and skills gained throughout their lives.

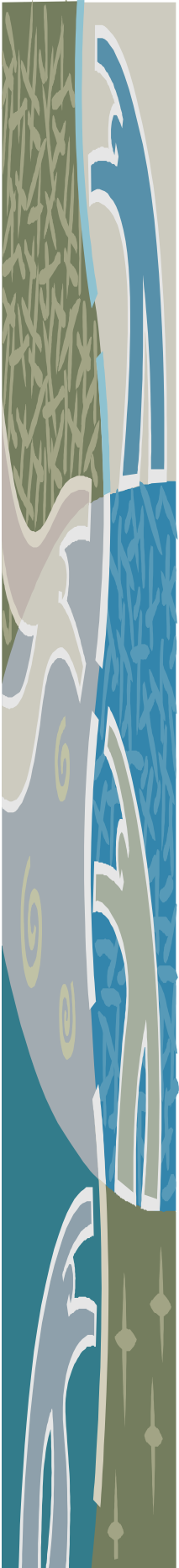
During a recent on-line conference: “Creating Aging-Friendly Communities,” a 75-year old woman expressed the need for this paradigm shift:

Please consider in your conversations, that there are many of us who do not want to be maintained. We want to belong, not only to each other, with whom we may have only one common denominator, age, but to society. We want to be “just like every one else.” Instead of a multi million dollar resort where every need is met, and everything is planned for the generic aging American, think up something daring, something challenging, something creative.

(<http://www.conferences.icohere.com/>)

Three “A’s”

In assessing unmet needs, the Task Force identified three key themes: **Awareness**, **Accessibility** and **Advocacy**.



A significant lack of **awareness** exists among community members and service providers (formal and informal) about older adult needs and available Buncombe County resources. Recognition of the aging process and its impacts on older adults and their families are largely invisible until one experiences them personally. This lack of awareness permeates the landscape of service provision and magnifies the challenges faced by individuals and families facing aging-related changes. This is not due to lack of effort on the part of providers who tend to focus on their own areas of expertise and specific services when educating and promoting their services, resources and opportunities. Also, consumers tend not to anticipate potential needs or become aware of available resources until they are in the midst of a crisis. At this point decision making is compromised.

Accessibility refers to the ease with which older adults and caregivers obtain information about, or entry to, services, resources or opportunities. Accessibility issues include, but are not limited to:

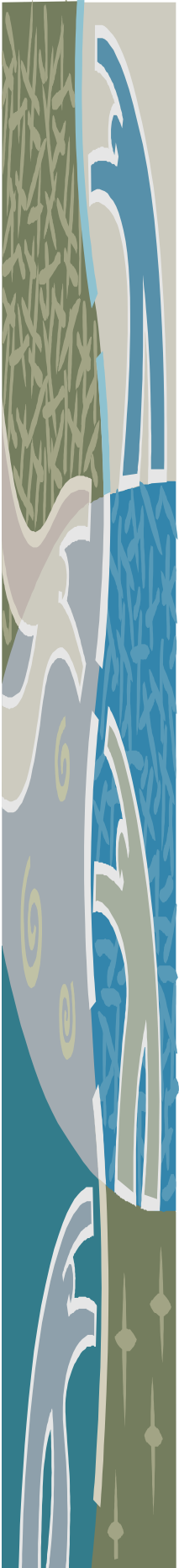
- Affordability, payment options
- Wait lists
- Transportation
- Entry to buildings, offices
- Stigma (e.g., age, mental illness, etc.)
- Language barriers
- Visual, auditory barriers
- Knowledgeable, understanding providers
- Reliable, accurate information
- Home visits
- Business hours

Advocacy includes efforts to promote awareness and accessibility for services, resources and opportunities; to engage and empower older adults and caregivers in planning and decision-making; and to advance federal, state, and local policies affecting older adults and caregivers.

These three “A’s” reflect over-arching issues that we must address in order to become a **livable, aging-friendly community**. The recommendations in the Aging Plan begin to address these issues. Therefore, implementing them will help build our community’s capacity to meet the needs of all residents, especially the growing older adult population and their caregivers.

Goals, Objectives and Recommendations

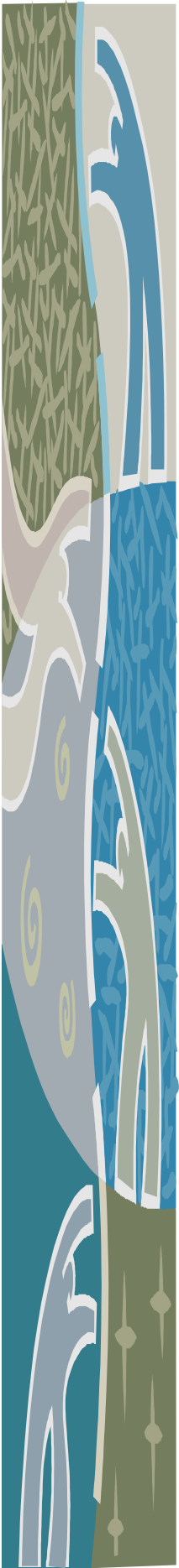
This Buncombe County Aging Plan contains **116 recommendations**, organized into **18 objectives** within **6 goals**. We must emphasize that these goals, objectives and



recommendations are only the beginning of what must become a sustainable, ongoing implementation and evaluation process. Task Force members acknowledge that this Aging Plan represents a vision for our community. Despite months of hard work on the part of many individuals, we recognize that much work remains in order to implement the plan and address the changing and growing aging population in Buncombe County.

The Aging Plan's recommendations are organized according to the six (6) goals and their objectives, all of which emerged from a comprehensive analysis of the Task Force Work Team reports. The original Work Team Reports are included in Appendix F. Annotated versions of the recommendations (see Appendix G) identify suggested lead contacts (individuals), possible partner agencies, models and best practices, and potential funding sources.

The following pages present these goals, objectives, and corresponding recommendations. Please note that some recommendations are identified as priorities because they were determined to be either most feasible or most important to begin implementing immediately. However, all are important.



Our vision of the Task Force for ***a livable and aging-friendly Buncombe County*** is:

Safety and Security...home and community environments are safe and support self-sufficiency for older adults and caregivers.

Citizen Safety...promote and provide for safety and protection

Disaster Planning...plan and prepare for disasters and emergencies

Financial Well-being...resources, services and opportunities support and enhance the financial well-being of older adults and caregivers.

Money Management...manage daily and monthly income and expenses

Financial Planning...offer resources without regard to ability to pay

Income Supplements...connect with public/private benefits

Employment and Job Training...provide jobs and training for all

Health and Wellness...the health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults.

Prevention and Health Promotion...prioritize prevention and health promotion

Geriatric Health Care...health care meets the unique needs of older adults

Expanded Geriatric Care...complementary/alternative medicine, and dental care.

Adequate Payment System...payment system that adequately pays

Social Engagement...life enrichment opportunities engage older adults with people, places and programs.

Engagement...participation and leadership in civic and volunteer roles

Enrichment Opportunities...learning, cultural, recreational opportunities

Living Environments...living environments (built and natural) support and enhance the functioning of older adults.

Housing...options that promote physical safety and independence

Transportation...safe travel options

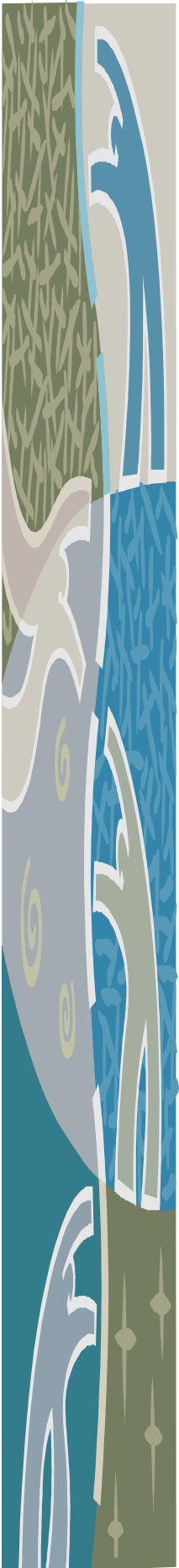
Natural Resources...improve air, water, and soil quality

Service and Support Coordination...a collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

Awareness...awareness about the needs and resources available

Accessibility...all services are accessible to those who need them

Coordination...coordinated network of services and providers



Goal: SAFETY AND SECURITY...Home and community environments are safe and support self-sufficiency for older adults and caregivers.

Objective 1: Safety and Security...Promote and provide for the safety and protection of older adults, especially those most vulnerable.

Priority Recommendation(s):

1. Expand education that addresses elder abuse, fraud, domestic violence and safe sex practices for older adults.
2. Promote awareness of currently offered Senior Reassurance and Elder Crime Prevention programs.
3. Build and strengthen collaboration among community stakeholders to help keep older adults safe from fraud and scams
4. Advocate for passage of the Adult Protective Services Clearinghouse Model by the North Carolina State Legislature.
5. Continue to increase the number of adult care homes that are participating in Quality Initiative for Improvement.

Additional Recommendation(s):

6. Collaborate with Department of Motor Vehicles to promote older adult driver safety.
7. Fund Project Lifesaver

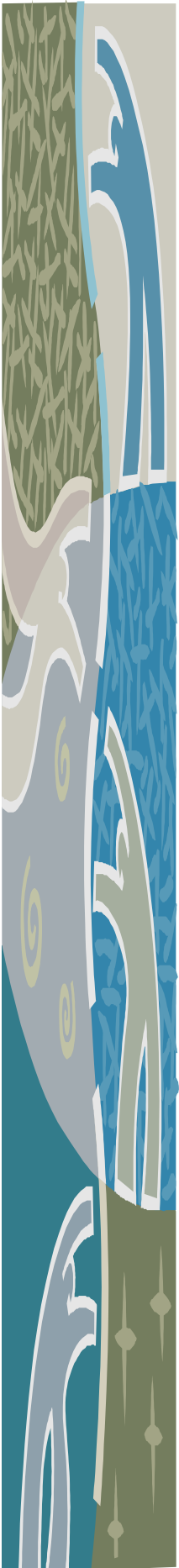
Objective 2: Disaster Planning...Promote planning and preparedness for disasters and emergencies with special attention to older adults at greatest risk.

Priority Recommendation(s):

1. Create a centralized database that includes older adults with medical needs and other vulnerabilities.
2. Assist older adults and caregivers with developing emergency preparedness plans.
3. Participate in the North Carolina Disability and Elderly Emergency Management (DEEM) Initiative and utilize in local planning.

Additional Recommendation(s):

4. Encourage older adults and caregivers to plan and prepare for emergencies.



Goal: FINANCIAL WELL-BEING...Resources, services and opportunities support and enhance the financial well-being of older adults and caregivers.

Objective 1: Money Management...Assist older adults who need help managing their daily and monthly income and expenses.

Recommendation(s):

1. Expand services that help older adults manage their money, assets and credit.
2. Provide education and resources to help older adults avoid scams.

Objective 2: Financial Planning...Provide professional financial planning resources for all citizens, especially older adults and caregivers, regardless of their ability to pay.

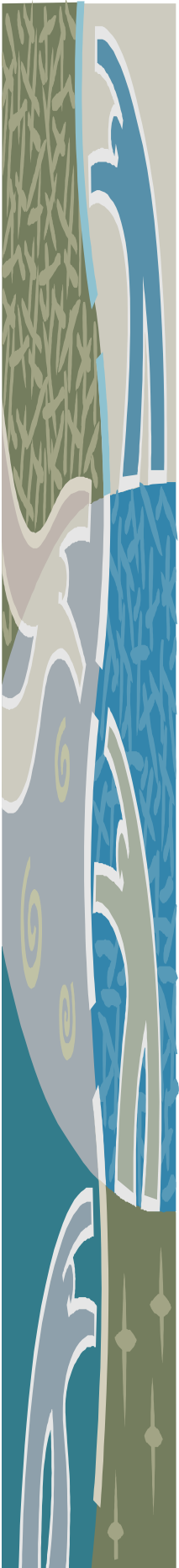
Recommendation(s):

1. Increase awareness of the importance of long-term financial planning (including for long-term care).
2. Ensure that older adults have access to professional financial planning resources.
3. Provide financial education across the life course, including age-appropriate standard course of study in public schools.
4. Develop affordable financial planning services.
5. Encourage attorneys to specialize in elder law.

Objective 3: Income Supplements...Connect older adults and caregivers with all public and private income supplements (public/private benefits) for which they are eligible.

Recommendation(s):

1. Refer to benefits as “income supplements” to remove stigma.
2. Educate service providers so they can make informed referrals for income supplements
3. Streamline the assessment and application processes for income supplements.



Goal: FINANCIAL WELL-BEING...Resources, services and opportunities support and enhance the financial well-being of older adults and caregivers.

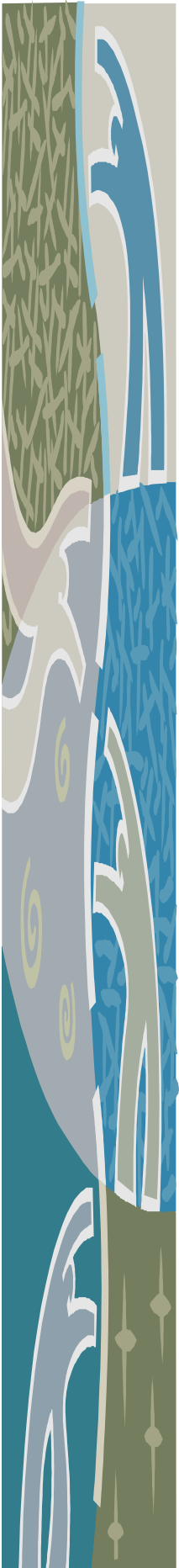
Objective 4: Employment and Job Training... Provide employment and job training opportunities for all older adults who need or desire to work.

Priority Recommendation:

1. Engage the Chamber of Commerce and local businesses in an “Aging-Friendly Employers” initiative to include a systematic way of matching jobs with qualified, interested seniors, as well as providing a way to identify businesses that offer senior discounts, provide easily accessible facilities, etc.

Additional Recommendation(s):

2. Increase awareness of existing programs and resources for job training.
3. Educate employers about the benefits associated with older workers.
4. Offer regular job fairs specifically for older adults.
5. Encourage flexible employment practices that benefit older adults and caregivers (i.e., allowing employees to work from home, flexible schedules, etc).



Goal: HEALTH AND WELLNESS (*Aging is Not a Disease*)...The health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults.

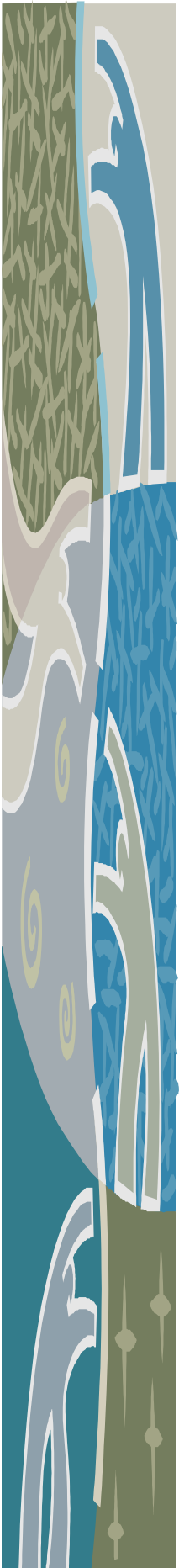
Objective 1: Prevention and Health Promotion...Prioritize prevention and health promotion within the health care system to create a paradigm shift to healthy lifestyles for older adults.

Priority Recommendation(s):

1. Assist older adults and caregivers to develop skills needed to achieve a healthy lifestyle, e.g., in nutrition, exercise, disease management, fall prevention, and medication management.
2. Develop a comprehensive health and wellness information resource (e.g. website, information hotline, holistic elder care clinic).
3. Target education and outreach efforts in low-income and minority communities and address cultural medical mistrust.

Additional Recommendation(s):

4. Provide affordable fitness opportunities for older adults, e.g., fitness clubs to offer discounts for older adults for use during off-peak times.



Goal: HEALTH AND WELLNESS (*Aging is Not a Disease*)...The health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults.

Objective 2: Geriatric Health Care...Provide a health care system that is designed to meet the unique needs of older adults in the following specific areas:

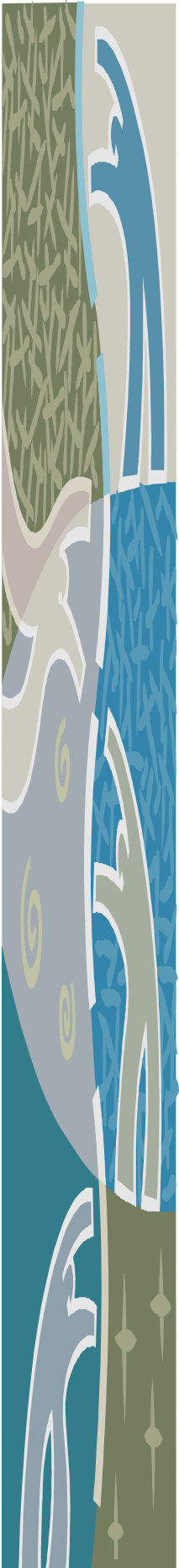
- Medical Care
- Mental Health Services/Substance Abuse

Priority Recommendation(s):

1. Develop mobile and satellite assessment clinics that offer “one stop shopping” for older adults, including baseline comprehensive health and wellness assessments by trained geriatric professional referrals with access to community resources.
2. Increase outpatient, long-term care, and assisted living facilities that can meet the needs of older adults with mental illness and/or dementia.

Additional Recommendation(s):

3. Provide assistance to older adults and caregivers to help them more easily navigate the medical system (e.g., elder advocates, care managers, and other transitional caregivers).
4. Expand continuing education opportunities for health and service providers about geriatric health care, especially in areas of mental health, substance abuse, and dementia.
5. Increase availability of geriatric trained health care professionals, such as geriatricians, pharmacists, psychiatrists, dentists, and nurse practitioners.
6. Encourage and educate primary care providers to screen regularly for poly-pharmacy, dementia, delirium, depression, substance abuse, etc.
7. Reduce the stigma that prevents some older adults from seeking treatment for mental illness, substance abuse, and/or dementia.



Goal: HEALTH AND WELLNESS (*Aging is Not a Disease*)...The health care system maximizes wellness and health potential and meets the diverse and unique needs of older adults.

Objective 3: Expanded Geriatric Care... Expand health care for older adults to include complementary /alternative medicine (CAM), and dental care.

Priority Recommendation(s):

1. Provide continuing education for health care providers about the benefits of including dental care and CAM therapies.
2. Provide training for dentists and CAM providers on the impact of aging, frailty, chronic disease, and risks associated with age (e.g., poly-pharmacy, delirium, depression, and dementia).
3. Develop a system of communication and sharing of information among all providers with attention to safety when combining both modalities.

Additional Recommendation(s):

4. Develop a database of CAM providers and their certifications.
5. Provide education to all health care practitioners and older adults about the importance of prevention in geriatric dental care.
6. Provide caregivers and older adults with oral/dental hygiene instructions.
7. Provide mobile dental care for frail or homebound older adults.

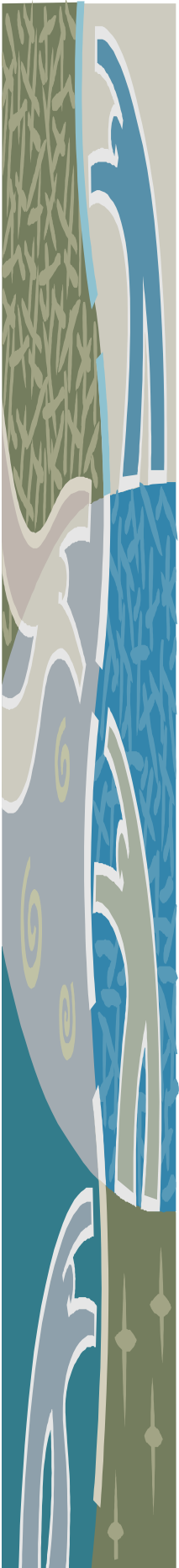
Objective 4: Adequate Payment System... Advocate for a payment system that adequately pays for the health and wellness care for all older adults.

Priority Recommendation(s):

1. Advocate for Medicare/Medicaid to expand coverage for health and wellness needs of older adults, including coverage of dental care, wellness programs, routine hearing tests (and hearing devices), eye exams, etc.
2. Develop/expand Project Access for older adults.

Additional Recommendation(s):

3. Advocate for lower costs of supplemental health care insurance.
4. Encourage more dentists to accept Medicaid.



Goal: SOCIAL ENGAGEMENT...Life enrichment opportunities engage older adults with people, places and programs.

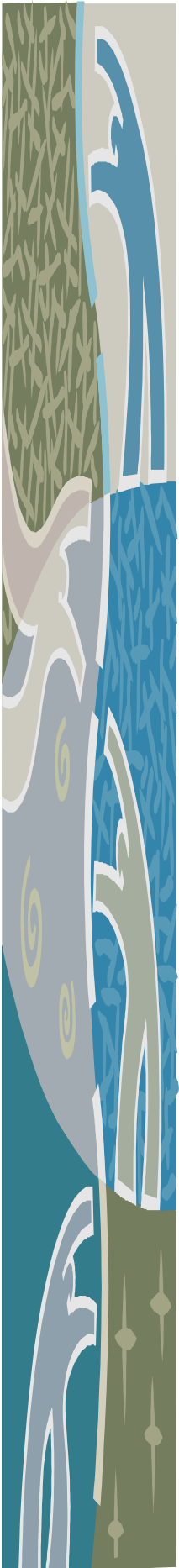
Objective 1: Engagement...Promote participation and leadership in civic and volunteer roles that draw upon the diverse skills, wisdom, and life experiences of older adults.

Priority Recommendation(s):

1. Expand community transportation to include service for older adults to participate in volunteer and civic opportunities.
2. Train and encourage non-profits and community leaders in the recruitment and retention of older volunteers, in utilizing older adults as volunteers in professional roles, and in outreach to diverse populations of older adults.

Additional Recommendation(s):

3. Engage homebound older adults in volunteer and civic opportunities, for example through a “buddy system.”
4. Encourage service providers and volunteer coordinators to refer older adults to volunteer opportunities.
5. Promote awareness of civic engagement and volunteer opportunities for older adults through comprehensive and up-to-date listings (i.e., local media outlets, “Welcome Wagon,” Hand-On Asheville, on-line listings, etc.).
6. Expand civic engagement training for low-income and minority older adults.
7. Promote the benefits of civic and volunteer engagement by older adults for community and individual wellness.
8. Provide support and appreciation for older adults engaged in volunteer and civic activities (e.g., stipends).



Goal: SOCIAL ENGAGEMENT...Life enrichment opportunities engage older adults with people, places and programs.

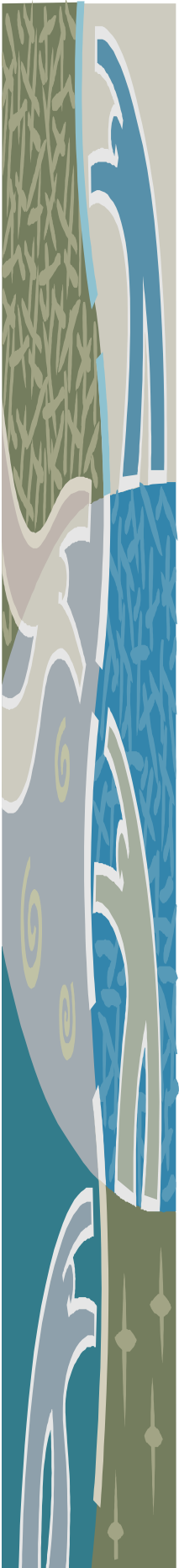
Objective 2: Enrichment Opportunities...Provide a wide range of lifelong learning, cultural, and recreational opportunities to meet the needs of older adults with diverse interests and abilities.

Priority Recommendation(s):

1. Encourage collaboration among existing programs to eliminate competition for audience and resources.
2. Promote awareness of lifelong learning, cultural and recreational opportunities for older adults

Additional Recommendation(s)

3. Develop programs to promote awareness of diversity and cultural differences among older adults.
4. Expand availability of daytime cultural programs and opportunities for older adults with special needs, including compliance with the Americans with Disabilities Act (ADA).
5. Provide lifelong learning, cultural and recreational opportunities for older adults at a sliding fee scale and in locations throughout the county.
6. Encourage all Senior Centers in Buncombe County to achieve "Center of Excellence" status.
7. Utilize animals in social opportunities, especially for homebound and institutionalized older adults.
8. Encourage computer access, computer-literacy, and on-line learning opportunities for older adults and caregivers.



Goal: LIVING ENVIRONMENTS...Living environments (built and natural) support and enhance the functioning of older adults.

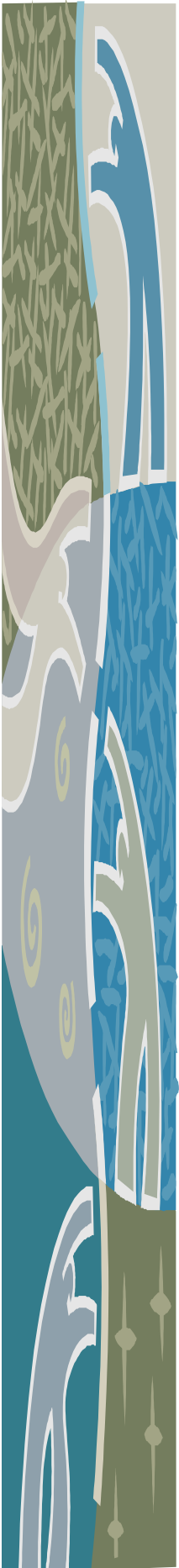
Objective 1: Housing...Provide a broad range of options that promote physical safety and independence for older adults, in a setting of their choice.

Priority Recommendation(s):

1. Educate the community about the safety needs and resources related to housing location, design and construction, as well as the impact that individual housing decisions have on the desire to “age in place.”
2. Encourage older adults to use community resources to identify potential risks and hazards in and around their homes.
3. Expand and strengthen working relationships among organizations offering home modification and repair services.
4. Incorporate **Healthy Built Home** & energy efficient features in future developments.
5. Advocate that publicly funded development meet Universal Design criteria to benefit all ages and abilities.

Additional Recommendation(s):

6. Increase use of monitoring and filtering systems for air, water, and environmental quality.
7. Provide a range of housing options (both existing and new construction) at various levels of affordability including more public housing.
8. Ensure that the definition of “affordable” housing takes into account all utilities, taxes, and association dues, in addition to, home and property maintenance.
9. Explore and consider possibilities (e.g. land use planning) that allow for accessory dwelling units (granny flats) and co-housing communities.
10. Concentrate new housing options near employment, shopping, healthcare, transportation, and other community services.
11. Provide and protect public commons, parks, community gardens, and other gathering spaces, especially those near where older adults live.



Goal: LIVING ENVIRONMENTS...Living environments (built and natural) support and enhance the functioning of older adults.

Objective 2: Transportation... Improve safe travel options for older adults to and from their destinations.

Priority Recommendation(s):

1. Conduct walk-ability audits to identify and remedy pedestrian safety concerns, particularly near bus stops (including lack of or broken sidewalks, barriers presented by roundabouts, crosswalk areas and the timing of signal changes).
2. Include transportation services for older adults in updated services directory (include cost and personal assistance provided, if any).
3. Develop a system to identify the transportation provider of those older adults who are “dropped off” and “picked up” at appointments and who require assistance in arranging their return transportation.
4. Provide shelters and sitting areas at all bus stops.

Additional Recommendation(s):

5. Select appropriate residential and commercial street lighting and focus it more effectively on walking and driving surfaces to improve pedestrian and driver safety.
6. Consider best practices for road sign placement and size, as well as street numbers, for pedestrians, cyclists, and drivers.
7. Provide incentives for older adults to participate in driver safety programs and refresher courses, such as providing programs at locations serving older adults and advocating for NC insurance companies to recognize and reward participation in such programs.
8. Encourage Department of Motor Vehicles to adhere to policy for license renewal (license restrictions or physician-certified eye exams where indicated).
9. Explore ride-share and volunteer driver programs as models to implement in Buncombe County.
10. Expand community transportation to include service for social engagement and other non-medical needs of older adults.
11. Lower age limit to 60 for free city of Asheville bus pass.
12. Provide transportation vouchers that allow low-income older adults to afford and utilize taxi services.
13. Provide ongoing training for all transportation providers on the special needs of older and disabled adults.
14. Minimize risk of transfer of viruses or diseases in public transportation.



Goal: LIVING ENVIRONMENTS...Living environments (built and natural) support and enhance the functioning of older adults.

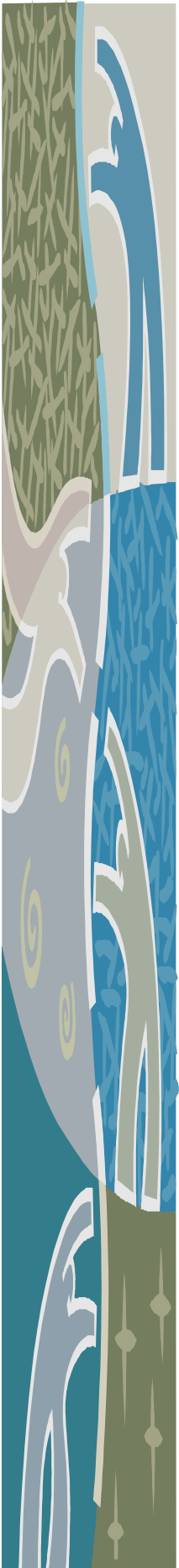
Objective 3: Natural Resources...Improve air, water, and soil quality to enhance the health and well-being of older adults.

Priority Recommendation(s):

1. Provide incentives and education that would encourage energy and water conservation measures.
2. Advocate that air, water and soil quality standards meet the needs of the most vulnerable older adults.

Additional Recommendation(s):

3. Support advocacy and education efforts for smoke-free environments for older adults.
4. Advocate for reduced concentrations of exhaust fumes associated with industry, development, and transportation systems, especially where older adults congregate.
5. Ensure public boards and commissions engage older adults in land-use planning.



Goal: Service and Support Coordination...A collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

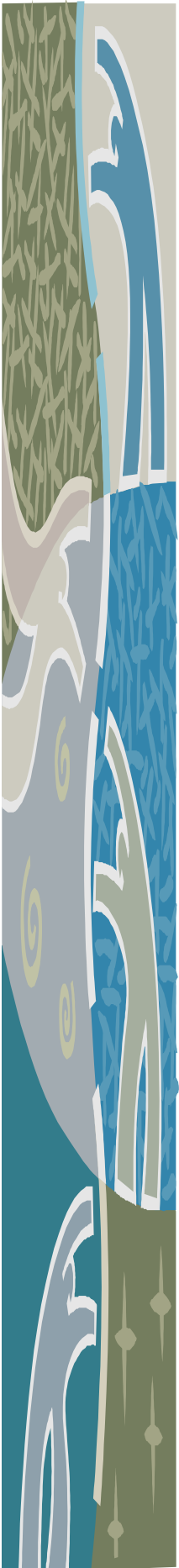
Objective 1: Awareness...Promote public awareness about the needs of, and resources available for, older adults and caregivers.

Priority Recommendation(s):

1. Offer effective and ongoing public awareness campaigns that address ageism, the needs of older adults, the needs of caregivers, and the resources available in the community (utilizing local media outlets, "Welcome Wagon," 2-1-1, on-line listings, etc.).
2. Coordinate training opportunities for staff of aging services providers about the needs of, and resources for, older adults and caregivers.
3. Develop and maintain a comprehensive, senior resource directory in print and on-line.

Additional Recommendation(s):

4. Assess and plan for changing needs as boomers age and evaluate resources according to these changing needs.



Goal: Service and Support Coordination...A collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

Objective 2: Accessibility...Ensure that all services for older adults and caregivers are accessible to those who need them.

Priority Recommendation(s):

1. Expand community transportation to allow greater access to services and resources.

Additional Recommendation(s):

2. Advocate for increased Home and Community Care Block Grant funding to adequately meet the needs of older adults and caregivers (i.e., address long wait-lists).
3. Create user-friendly automated phone systems for services and programs accessed by older adults.
4. Expand availability of affordable caregiver respite services.
5. Ensure affordability and/or payment options for all services.
6. Increase availability of one-on-one professional case assistance services.
7. Recruit and train care navigators and personal advocates.



Goal: Service and Support Coordination... A collaborative network of formal and informal services and supports is coordinated to meet the needs of older adults and caregivers.

Objective 3: Coordination... Create a coordinated network of services and providers that is designed to meet the needs of older adults and caregivers.

Priority Recommendation(s):

1. Promote a culture of client/consumer-centered service delivery among formal and informal providers.
2. Explore the concept of a centralized approach to accessing multiple services, resources, and opportunities (e.g., “no wrong door”).
3. Ensure funding processes are objective, accountable, and outcomes-driven.
4. Define and develop best practice models to utilize as standards that inform funding processes.
5. Coordinate planning efforts (re: health care and other service needs) among local community (city/county) and regional (Region B/Western North Carolina) entities to promote streamlined survey/data collection efforts and compatibility between data sets.

Additional Recommendation(s):

6. Prioritize funding for programs and services that demonstrate effective collaboration and/or coordination.
7. Prioritize funding to minimize unnecessary overlap and gaps in service.
8. Built greater flexibility into current funding streams to allow programs and services to develop new strategies for meeting the needs of older adults and caregivers.
9. Establish shared positions between agencies (e.g., Care Partners and DSS Medicaid worker position).
10. Establish system of regular case conferencing for aging services providers.
11. Require agency applications for Home and Community Care Block Grant funds to provide monitoring results from the Area Agency on Aging with their applications.



PART V: NEXT STEPS

The Maturing of America (2006) report asserts, “The needs of older adults... may require a completely new comprehensive, holistic approach to service delivery, organization and management...” (p. 1). For Buncombe County, this approach demands coordination of an on-going, sustainable process of implementation, evaluation, and continued planning.

This coordination function will:

- Ensure that the Aging Plan’s recommendations are implemented, evaluated, reviewed and adjusted as needed on an ongoing basis (not just once every 5 years);
- Build Buncombe County’s capacity to meet the changing aging demographics;
- Advocate for a livable, aging-friendly perspective in City and County and other community planning initiatives;
- Promote collaboration among formal and informal providers recognizing that diverse aging populations may have unique needs;
- Increase efficiency, effectiveness and accountability in service delivery;
- Ensure community education and opportunities for feedback from all segments of the population
- Promote the Aging Plan through community awareness and advocacy.

Recognizing that this is a pivotal time to change the way Buncombe County addresses the needs of aging residents, the Task Force recommends that Buncombe County provide funding for a staff position that will function as a *facilitator* to guide agencies on implementing the recommendations of the Aging Plan, to improve the effectiveness and efficiency of existing services to older adults, and to advocate in the community for initiatives to bring about a ***livable, aging-friendly community***. The Aging Coordinating Consortium, the Area Agency on Aging at Land-of-Sky Regional Council and the County Manager’s Office will determine the most effective approach for completing this important work (see Appendix H).



PART VI: CONCLUSION

Creating a ***livable, aging-friendly community*** demands new approaches and a comprehensive perspective. The Task Force asserts that, although some needs and interests are specific to older adults, generally what is good for older citizens is good for all citizens. A livable community is a place where folks can grow up and grow old. It is a place where residents can maximize their potential.

To achieve this ideal, it will be important for individuals, providers, funding organizations, businesses, and local government to work together in creating a ***livable, aging-friendly Buncombe County***. Individuals will maximize their own independence through well-being practices and financial planning. Providers will collaborate to offer services based on needs identification, planning, and program accountability. Community funding organizations will utilize the recommendations in this plan to guide and support their decision making process. Private sector entrepreneurs will offer opportunities, products and services that meet older adults' needs and desires. Elected officials will make sound decisions related to safety and security, housing opportunities, transportation systems, and land use regulations that affect the ability of older adults to live independently in their community.

Let us all commit to making a ***livable aging-friendly Buncombe County*** a reality!



PART VII: ACKNOWLEDGEMENTS

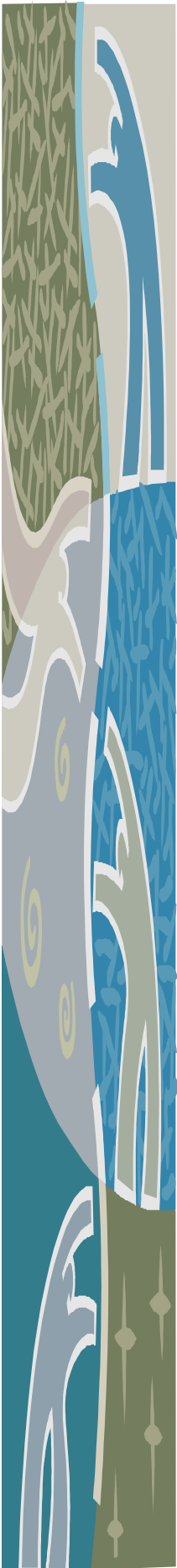
Many individuals and organizations contributed resources and input in preparing this plan; the list includes:

ACC Aging Plan Task Force Members

| | |
|-----------------|---|
| Pat Bacon | Asheville Habitat for Humanities |
| Betsey Bent | Mission Hospitals, Senior Services |
| Lisa Childs | Home Transitions, Inc. |
| Ali Climo | Warren Wilson College Faculty and Council on Aging Consultant |
| Celeste Collins | OnTrack Financial Education & Counseling |
| Joe Connolly | Land-of-Sky Regional Council, Area Agency on Aging |
| Phillip Gibson | Warren Wilson College, Environmental Leadership Center |
| Larry Haas | NC Center for Creative Retirement |
| Beth Lazer | Community Member |
| Don Lilenfeld | Community Member |
| Barbara Marlowe | Mission Hospitals |
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| Ann Von Brock | Vice President Asheville Buncombe United Way |
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ACC Aging Plan Work Team Members

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| Kay Barrow | Community Member, former DSS Director of Adult Services |
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| Kate Brockett | Council on Aging of Buncombe County |
| Rebecca Chaplin | Land-of-Sky Regional Council, Area Agency on Aging |
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| Mark Cornett | Jewish Family Services/Alzheimer's Association |
| Gaylen Ehrlichman | Buncombe County Health Center |
| Robert Eidus | Green Transit |
| Chris Emory | Health Center – Preparedness |
| Bart Floyd | Western Alliance for Independent Living |
| Judy Francis | NC Department of Environment and Natural Resources |
| Alison Gilreath | Jewish Family Services of WNC |
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| Jennifer Palumbo | VA Medical Center |
| Susan Poole | NC Center for Creative Retirement |
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| Scott Rogers | Asheville Buncombe County CM |
| Martha Salyers | Buncombe County Regional Preparedness |
| Isaac Savage | Home Energy Partners |
| Cheryl Simcox | DSS – Adult Home Supervisor |
| Roxann Sizemore | DSS – Adult Protective Services Supervisor |
| Verdine Spicer | Regional Manager for Social Security |
| Cathie St.John-Ritzen | Elder law attorney |
| Dawn Starks | Starks Financial Group |
| Fran Thigpen | Director of Buncombe County Parks and Recreation |
| Jen Waite | United Way's 2-1-1 of WNC |
| Robert Weaver | MAHEC |
| Sharon West | Buncombe County Health Center |
| Bill Whalen | Pisgah Legal Service |

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| Denise Braine | Buncombe County Planning and Development, ACC member |
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| Charles Dickens | Senior Tar Heel Legislature, ACC member |
| Alison Gilreath | Jewish Family Services Director, JCC, ACC member |
| Beth Lazer | Retired, Chair of the ACC Planning Committee |
| Wendy Marsh | Director Council of Aging of Buncombe County, ACC Chair |

Community Members

| | |
|--------------------|---------------------------|
| Rev. Donna Painter | First Baptist Church |
| James Geter | Mount Zion Baptist Church |

Community Organizations

Aging Coordinating Consortium
Buncombe County
Land-of-Sky Regional Council
MAHEC
Mission Hospitals
North Carolina Center for Creative Retirement
North Carolina Division of Aging and Adult Services
OnTrack Financial Education & Counseling
United Way
Warren Wilson College

Technical & Administrative Support

| | |
|-----------------|------------------------------|
| Christina Giles | Land-of-Sky Regional Council |
|-----------------|------------------------------|



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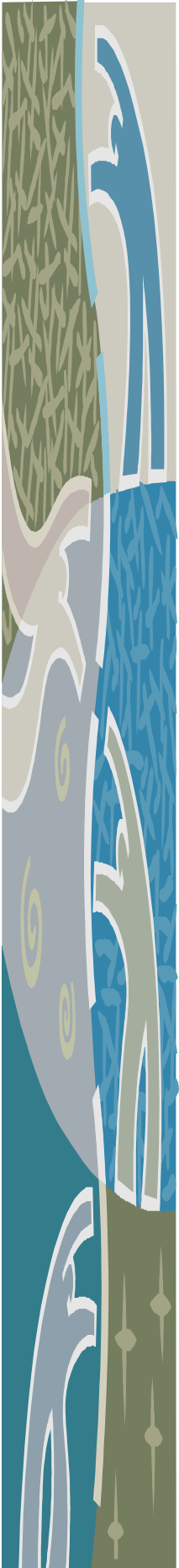
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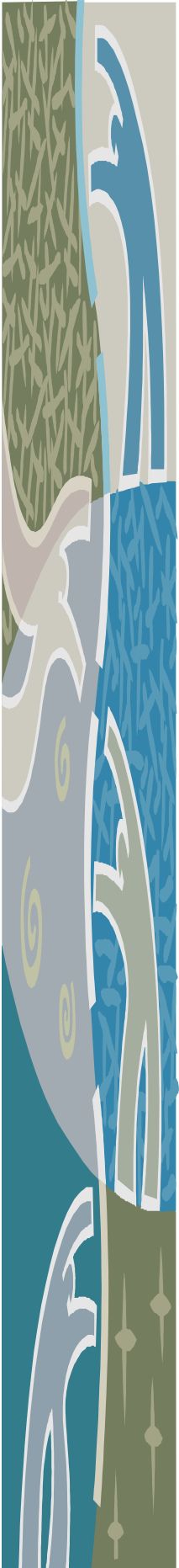
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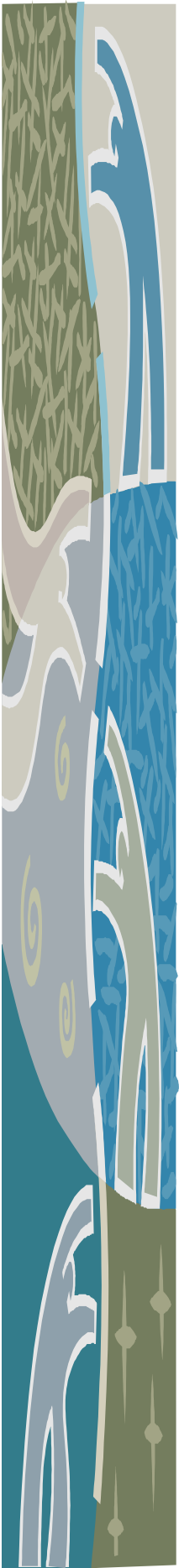
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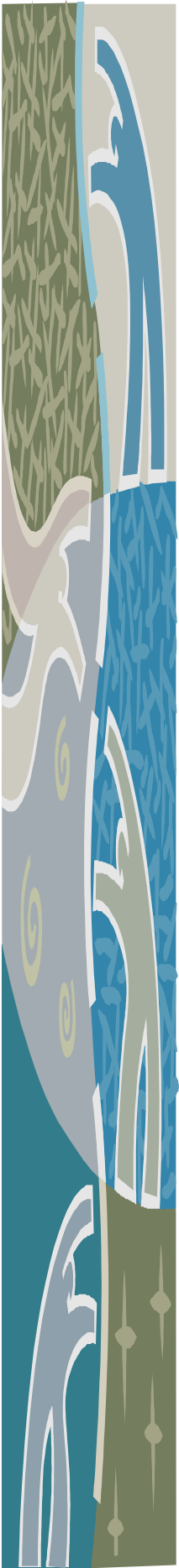
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PART IX: APPENDICES

Appendices

A. Planning Framework

Timeline

B. Task Force

Roster

Minutes

Task Force Notebook

Work Team Orientation Packet

C. Community Meetings

Meeting locations

Discussion Guide

Themes/Summary Notes

D. Community Survey

Survey

Survey Results

E. Service Providers Survey

Survey

Survey Results

F. Work Team Reports

G. Annotated Recommendations

H. ACC Implementation Work Plan (March 2008)

I. Power Point Presentations

Buncombe County Board of Commissioners (May, 2007)

Aging Coordinating Consortium (December, 2007)

Buncombe County Board of Commissioners (April, 2008)

APPENDICES AVAILABLE UPON REQUEST FROM THE ACC PLANNING COMMITTEE CHAIR

The Maturing of America-North Carolina Survey Responses

| Number of counties/municipalities responded =64 | % of Local Government Role (Check all applicable) | | | | | |
|--|---|-------------------|----------------------------------|---------------------|--------------------|---------|
| | Is available regardless of provider | Provides programs | Funds all or part of the program | Publicizes programs | Partner in program | No role |
| HEALTH CARE PROGRAMS/SERVICES FOR OLDER ADULTS | | | | | | |
| Access to healthcare services that meet a range of needs | 87.50 | 17.19 | 29.69 | 20.31 | 12.50 | 35.94 |
| Access to prescription programs that meet a range of needs | 78.13 | 10.94 | 20.31 | 18.75 | 7.81 | 39.06 |
| Transportation to and from medical appointments | 87.50 | 25.00 | 43.75 | 25.00 | 9.38 | 26.56 |
| Wellness | 81.25 | 25.00 | 42.19 | 18.75 | 9.38 | 23.44 |
| Preventive screenings | 85.94 | 26.56 | 26.56 | 25.00 | 7.81 | 29.69 |
| Immunizations | 85.94 | 25.00 | 26.56 | 29.69 | 6.25 | 32.81 |
| Communal meals | 87.50 | 25.00 | 45.31 | 26.56 | 14.06 | 21.88 |
| Nutrition programs/services | 82.81 | 21.88 | 40.63 | 25.00 | 6.25 | 37.50 |
| Meals delivered to home | 92.19 | 17.19 | 37.50 | 25.00 | 10.94 | 29.69 |
| EXERCISE PROGRAMS/SERVICES FOR OLDER ADULTS | | | | | | |
| Exercise classes tailored to specific health concerns such as arthritis, heart disease | 81.25 | 29.69 | 39.06 | 25.00 | 6.25 | 26.56 |
| Local parks and other venues that have safe, accessible walking/biking trails | 92.19 | 57.81 | 48.44 | 31.25 | 7.81 | 6.25 |
| TRANSPORTATION PROGRAMS/SERVICES FOR OLDER ADULTS | | | | | | |
| Public transportation to and from senior centers, adult day services, grocery stores, etc. | 87.50 | 29.69 | 45.31 | 35.94 | 6.25 | 26.56 |
| Discounted taxi cab and /or bus fares | 28.13 | 14.06 | 14.06 | 9.38 | 1.56 | 43.75 |
| Dial-a-ride (eg. door-to- door paratransit) | 43.75 | 15.63 | 20.31 | 14.06 | 3.13 | 42.19 |
| Road design that meets the needs of older drivers (e.g. left turn lanes, road markings) | 40.63 | 10.94 | 12.50 | 0.00 | 7.81 | 40.63 |
| Road signage that meets the needs of older drivers (e.g. large signs) | 20.31 | 9.38 | 6.25 | 0.00 | 0.00 | 48.44 |
| Side walks and street crossings that are safe and accessible for older pedestrians (e.g. flashing walk signs, sidewalk bumpouts) | 53.13 | 20.31 | 14.06 | 0.00 | 7.81 | 34.38 |
| Sidewalk system linking residences and essential services | 40.63 | 15.63 | 14.06 | 0.00 | 3.13 | 31.25 |
| PUBLIC SAFETY/EMERGENCY SERVICES | | | | | | |
| Elder abuse/neglect identification | 73.44 | 26.56 | 31.25 | 18.75 | 14.06 | 17.19 |
| Elder abuse/neglect prevention | 68.75 | 23.44 | 29.69 | 15.63 | 9.38 | 20.31 |
| Neighborhood watch programs | 85.94 | 28.13 | 18.75 | 17.19 | 14.06 | 14.06 |
| Plans for evacuation of older adults in the event of a natural disaster or homeland security agent | 87.50 | 32.81 | 26.56 | 21.88 | 31.25 | 9.38 |
| Emergency energy assistance program | 78.13 | 20.31 | 18.75 | 28.13 | 20.31 | 25.00 |

The Maturing of America-North Carolina Survey Responses

| Number of counties/municipalities responded =64 | % of Local Government Role (Check all applicable) | | | | | |
|--|---|-------------------|----------------------------------|---------------------|--------------------|---------|
| | Is available regardless of provider | Provides programs | Funds all or part of the program | Publicizes programs | Partner in program | No role |
| PUBLIC SAFETY/EMERGENCY SERVICES | | | | | | |
| Knowledge of where older adults reside so services can be provided in severe weather or other situations that prevent residents from leaving their homes | 79.69 | 29.69 | 28.13 | 17.19 | 20.31 | 17.19 |
| Specialized training for staff in dealing with older adults | 62.50 | 28.13 | 32.81 | 12.50 | 4.69 | 26.56 |
| HOUSING | | | | | | |
| Home maintenance/repair assistance and modification of existing home to accommodate the needs of older adults | 79.69 | 18.75 | 28.13 | 23.44 | 23.44 | 18.75 |
| Modification of service delivery to meet the needs of older adults (eg. Backyard trash collection) | 60.94 | 35.94 | 17.19 | 9.38 | 4.69 | 26.56 |
| Subsidized housing | 68.75 | 7.81 | 7.81 | 15.63 | 14.06 | 35.94 |
| TAXATION/FINANCE | | | | | | |
| Property tax relief for older adults on limited incomes | 76.56 | 31.25 | 17.19 | 23.44 | 14.06 | 25 |
| Assistance with preparation of tax forms | 68.75 | 17.19 | 10.94 | 18.75 | 18.75 | 34.38 |
| Education and information about financial fraud and predatory lending | 67.19 | 14.06 | 10.94 | 18.75 | 14.06 | 34.38 |
| WORKFORCE DEVELOPMENT | | | | | | |
| Job retraining opportunities | 78.13 | 10.94 | 12.5 | 15.63 | 20.31 | 32.81 |
| Flexible job opportunities | 46.88 | 14.06 | 10.94 | 10.94 | 6.25 | 45.31 |
| CIVIC ENGAGEMENT/VOLUNTEER OPPORTUNITIES | | | | | | |
| Discounts for older adults who want to take classes at local colleges/universities | 65.63 | 9.38 | 6.25 | 18.75 | 7.81 | 48.44 |
| Senior Corps programs | 60.94 | 9.38 | 14.06 | 15.63 | 15.63 | 35.94 |
| Civic engagement/volunteer opportunities that use all adults, including older adults | 70.31 | 23.44 | 18.75 | 17.19 | 9.38 | 26.56 |
| AGING/HUMAN SERVICES/PROGRAMS FOR OLDER ADULTS | | | | | | |
| In-home support services that enable older adults to live independently | 78.13 | 29.69 | 42.19 | 26.56 | 4.69 | 31.25 |
| Single point entry of services | 35.94 | 15.63 | 20.31 | 14.06 | 3.13 | 42.19 |

The Maturing of America-North Carolina Survey Responses

| Number of counties/municipalities responded =64 | | % of Local Government Role (Check all applicable) | | | | |
|--|--------------------------------------|---|---------------------------------|-------------|--|--|
| POLICIES/GUIDELINES | Local government in place | Local government not in place | Local government is considering | No response | | |
| Zoning requirements that support the development of active older adult communities | 39.06 | 39.06 | 9.38 | 12.5 | | |
| Building codes that support the development of assisted living facilities | 67.19 | 20.31 | 3.13 | 9.38 | | |
| Zoning requirements, subdivisions requirements or building codes that promote/support other senior housing options | 51.56 | 29.69 | 7.81 | 10.94 | | |
| Planning process that considers the needs of older adults | 45.31 | 32.81 | 10.94 | 10.94 | | |
| Community design/redesign that supports walkability | 39.06 | 26.56 | 20.31 | 14.06 | | |
| DEMOGRAPHICS | | | | | | |
| What age description does your local government use to identify "older adults" | 53.13 (60 years) | | | | | |
| | 26.56 (65+ years) | | | | | |
| | 10.94 (other) | | | | | |
| | 9.38 (No response) | | | | | |
| Is your community experiencing any in-migration? | 90.63 (Yes) | | | | | |
| | 9.38 (No) | | | | | |
| | 64.06 (In-migration of older adults) | | | | | |
| | 64.06 (In-migration of minorities) | | | | | |
| Is your community experiencing any out-migration? | 17.19 (Yes) | | | | | |
| | 71.88 (No) | | | | | |
| | 10.94 (No response) | | | | | |
| | 3.13 (Out-migration of older adults) | | | | | |
| | 0.0 (Out-migration of minorities) | | | | | |
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The Maturing of America-North Carolina Survey Responses

| Number of counties/municipalities responded =64 | % of Local Government Role (Check all applicable) | | | | | |
|---|---|-------|-------------|--|--|--|
| DEMOGRAPHICS | Yes | No | No response | | | |
| In the past 3 years, has your local government solicited information from older adults to determine their needs (surveys, assessments)? | 46.88 | 48.44 | 4.69 | | | |
| Has your local govt. begun to plan for growing senior population in your community? | 53.13 | 43.75 | 3.13 | | | |
| Does your local govt. have an advisory board or other mechanisms for older adult members to participate in planning for programs and/or services that benefit them? | 59.38 | 39.06 | 1.56 | | | |
| Which of the following best describes your community? | 26.56 (Urban) | | | | | |
| | 54.69 (Rural) | | | | | |
| | 4.69 (Inner suburb) | | | | | |
| | 10.94 (Outer suburb) | | | | | |
| | 3.13 (No response) | | | | | |
| Which of the following best describes your local government's current economic condition? | 6.25 (Rapid expansion) | | | | | |
| | 25.00 (Moderate growth) | | | | | |
| | 34.38 (Slow growth) | | | | | |
| | 9.38 (No real growth or decline) | | | | | |
| | 12.50 (Slow decline) | | | | | |
| | 3.13 (Moderate decline) | | | | | |
| | 1.56 (Rapid decline) | | | | | |
| | 7.81 (No response) | | | | | |
| REFERENCE | | | | | | |
| Survey conducted through partnership of | | | | | | |
| National Association of Area Agency on Aging | | | | | | |
| International City/County Management Association | | | | | | |
| The National Association of Counties | | | | | | |
| Natioanal League of Cities and Partners for Livable Communities | | | | | | |
| | | | | | | |

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